

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of South Carolina

Case number (If known): _____ Chapter you are filing under:
☐ Chapter 7
☒ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Paul First name Chadwick Middle name Allman Last name Sr. Suffix (Sr., Jr., II, III)	 First name Middle name Last name Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Paul Chadwick Allman Paul C. Allman	
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	XXX – XX – 7 3 5 3 OR 9 XX – XX – _____	XXX – XX – _____ OR 9 XX – XX – _____

Debtor 1 Paul Chadwick Allman Sr. Case number (if known)

First Name Middle Name Last Name

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer

Identification Number (EIN), if any.

EIN

EIN

EIN

EIN

EIN

EIN

EIN

EIN

5. Where you live

4182 Setter

Number Street

Court

Myrtle Beach SC 29579

City State ZIP Code

Horry County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

Paul Chadwick Allman Sr.

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

8. How you will pay the fee

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Paul Chadwick Allman Sr.

First Name

Middle Name

Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☒ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Debtor 1

Paul Chadwick Allman Sr.

First Name

Middle Name

Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Paul Chadwick Allman Sr.

First Name

Middle Name

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☐ 1-49
☐ 50-99
☒ 100-199
☐ 200-999

- ☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000

- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million

- ☒ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million

- ☒ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Paul Chadwick Allman Sr.

Signature of Debtor 1

Executed on 05/14/2024

MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

Paul Chadwick Allman Sr.

First Name

Middle Name

Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Christine E. Brimm

Date

05/14/2024

Signature of Attorney for Debtor

MM / DD / YYYY

Christine E. Brimm

Printed name

Barton Brimm, PA

Firm name

P.O. Box 14805

Number Street

Myrtle Beach

SC

29587

City

State

ZIP Code

Contact phone 8032566582

Email address cbrimm@bartonbrimm.com

SC 6569 / FED 6313

SC

Bar number

State

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Paul Chadwick Allman, Sr.,

Debtor.

Case No. 24-

Chapter 11


AFFIDAVIT OF PAUL CHADWICK ALLMAN, SR.

STATE OF SOUTH CAROLINA)

COUNTY OF HORRY)

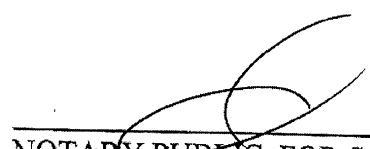
Paul Chadwick Allman, Sr., being duly sworn, states as follows:

I certify under penalty of perjury that no balance sheet, statement of operations, or cash follow statement have been prepared. Further, I have discontinued the business operations of my solely-owned company, Escape Property Management, LLC.


Paul Chadwick Allman, Sr.

SWORN TO AND SUBSCRIBED before me
on this 14th day of May, 2024.

RANDI MAKHOLM LAVINA
Notary Public
State of South Carolina
My Commission Expires Dec 10, 2030


NOTARY PUBLIC FOR SOUTH CAROLINA

My Commission Expires: Dec 10th 2030
(Original in file)

Schedule K-1 (Form 1120-S)

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022, or tax year

beginning 2022 ending

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
	416,460.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)	D	444,896.
		17	Other information
		V *	STMT
11	Section 179 deduction		
12	Other deductions		
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		

* See attached statement for additional information.

Part I Information About the Corporation

A Corporation's employer identification number
-*2826

B Corporation's name, address, city, state, and ZIP code
ESCAPE PROPERTY MANAGEMENT LLC
515 HWY 501 STE A
MYRTLE BEACH SC 29579

C IRS Center where corporation filed return
Kansas City, MO 64999-0013

D Corporation's total number of shares
Beginning of tax year
End of tax year

Part II Information About the Shareholder

E Shareholder's identifying number
***-**-7353

F Shareholder's name, address, city, state, and ZIP code
PAUL ALLMAN
4182 SETTER CT
MYRTLE BEACH SC 29579

G Current year allocation percentage 100.00000 %

H Shareholder's number of shares
Beginning of tax year
End of tax year

I Loans from shareholder
Beginning of tax year \$
End of tax year \$

For IRS Use Only

2022 Individual Income Tax Return

prepared for:

PAUL ALLMAN and DEBRA CHAFFIN-ALLMAN

4182 SETTER CT

MYRTLE BEACH, SC 29579

East End Tax & Accounting LLC

19 Mill Pond Ln

East Moriches, NY 11940

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial PAUL		Last name ALLMAN		Your social security number ***-**-7353	
If joint return, spouse's first name and middle initial DEBRA		Last name CHAFFIN-ALLMAN		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 4182 SETTER CT				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. MYRTLE BEACH			State SC	ZIP code 29579	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <input type="checkbox"/>	[REDACTED]	[REDACTED]	[REDACTED]	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	1,900.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	1,900.
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends	3b	
4a	IRA distributions	4a	
4b	Taxable amount	4b	
5a	Pensions and annuities	5a	
5b	Taxable amount	5b	
6a	Social security benefits	6a	
6b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Other income from Schedule 1, line 10	8	395,836.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	397,736.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	397,736.
12	Standard deduction or itemized deductions (from Schedule A)	12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	74,367.
14	Add lines 12 and 13	14	100,267.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	297,469.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$12,950
- Married filing jointly or Qualifying surviving spouse, \$25,900
- Head of household, \$19,400
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	59,064.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	59,064.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	58,564.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	5,614.
	24	Add lines 22 and 23. This is your total tax	24	64,178.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	1.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	1.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	1.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
Direct deposit? See instructions.	b	Routing number * * * * * X X X X	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number * * * * * * * * * * X X X X		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	66,491.
	38	Estimated tax penalty (see instructions)	38	2,314.

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No			
	Designee's name	RICHARD HYAMS, EA	Phone no.	(516) 220-9518
			Personal identification number (PIN)	* * * * *

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			MANAGER	
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
			MANAGER	
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	RICHARD HYAMS, EA	RICHARD HYAMS, EA	10/12/2023	*****3364	
	Firm's name	East End Tax & Accounting LLC			Phone no. (516) 220-9518
	Firm's address	19 Mill Pond Ln East Moriches NY 11940			Firm's EIN **--***6349

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your social security number

***-**-7353

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	395,836.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss 8a ()		
b	Gambling 8b		
c	Cancellation of debt 8c		
d	Foreign earned income exclusion from Form 2555 8d ()		
e	Income from Form 8853 8e		
f	Income from Form 8889 8f		
g	Alaska Permanent Fund dividends 8g		
h	Jury duty pay 8h		
i	Prizes and awards 8i		
j	Activity not engaged in for profit income 8j		
k	Stock options 8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions) 8m		
n	Section 951(a) inclusion (see instructions) 8n		
o	Section 951A(a) inclusion (see instructions) 8o		
p	Section 461(l) excess business loss adjustment 8p		
q	Taxable distributions from an ABLE account (see instructions) 8q		
r	Scholarship and fellowship grants not reported on Form W-2 8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d 8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan 8t		
u	Wages earned while incarcerated 8u		
z	Other income. List type and amount: _____ 8z		
9	Total other income. Add lines 8a through 8z 9		
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 10		395,836.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2022

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2022
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your social security number
***-**-7353

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	5,614.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Reserved for future use	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	5,614.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your social security number

***-**-7353

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	COMMON GROUND INVESTMENTS LLC	P	<input type="checkbox"/>	**--***6081	<input type="checkbox"/>	<input type="checkbox"/>
B	COMMON GROUND INVESTMENTS LLC	P	<input type="checkbox"/>	**--***6081	<input type="checkbox"/>	<input type="checkbox"/>
C	PLATINUM PLUS SERVICES INC	S	<input type="checkbox"/>	**--***7061	<input type="checkbox"/>	<input type="checkbox"/>
D	ESCAPE PROPERTY MANAGEMENT LLC	S	<input type="checkbox"/>	**--***2826	<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss			Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	3,357.				
B	3,357.				
C			13,910.		
D		416,460.			
29a Totals		416,460.			
b Totals	6,714.		13,910.		
30	Add columns (h) and (k) of line 29a				30 416,460.
31	Add columns (g), (i), and (j) of line 29b.				31 (20,624.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 395,836.

Part III Income or Loss From Estates and Trusts

33	(a) Name			(b) Employer identification number
A				
B				
Passive Income and Loss				Nonpassive Income and Loss
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			
35	Add columns (d) and (f) of line 34a			35
36	Add columns (c) and (e) of line 34b			36
37	Total estate and trust income or (loss). Combine lines 35 and 36			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	395,836.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Document Page 18 of 158
**Credits for Qualifying Children
 and Other Dependents**

SCHEDULE 8812
(Form 1040)

OMB No. 1545-0074

2022

Attachment
 Sequence No. **47**

Department of the Treasury
 Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

***-**-7353

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	397,736.
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0.
c	Enter the amount from line 15 of your Form 4563	2c	
d	Add lines 2a through 2c	2d	0.
3	Add lines 1 and 2d	3	397,736.
4	Number of qualifying children under age 17 with the required social security number	4	0
5	Multiply line 4 by \$2,000	5	
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500	7	500.
8	Add lines 5 and 7	8	500.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 } • All other filing statuses—\$200,000 }	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. }	10	0.
11	Multiply line 10 by 5% (0.05)	11	0.
12	Is the amount on line 8 more than the amount on line 11?	12	500.
<input type="checkbox"/> No. STOP. You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> Yes. Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the Credit Limit Worksheet A	13	59,064.
14	Enter the smaller of line 12 or 13. This is your child tax credit and credit for other dependents	14	500.

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you do not want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	<input type="checkbox"/>
16a	Subtract line 14 from line 12. If zero, stop here ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16a 0.
b	Number of qualifying children under 17 with the required social security number: _____ x \$1,500. Enter the result. If zero, stop here ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27	16b
TIP: The number of children you use for this line is the same as the number of children you used for line 4.		
17	Enter the smaller of line 16a or line 16b	17
18a	Earned income (see instructions)	18a
b	Nontaxable combat pay (see instructions)	18b
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,500 or more? <input type="checkbox"/> No. If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	21
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22
23	Add lines 21 and 22	23
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. } 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24
25	Subtract line 24 from line 23. If zero or less, enter -0-	25
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26

Part II-C Additional Child Tax Credit

27	This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28	27
-----------	--	-----------

Form **8995-A** 1**Qualified Business Income Deduction**

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2022**
Attachment
Sequence No. **55A**

Name(s) shown on return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your taxpayer identification number

-*-7353

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	COMMON GROUND INVESTMENTS LLC	<input type="checkbox"/>	<input type="checkbox"/>	**--***6081	<input type="checkbox"/>
B	ESCAPE PROPERTY MANAGEMENT LLC	<input type="checkbox"/>	<input type="checkbox"/>	**--***2826	<input type="checkbox"/>
C	PLATINUM PLUS SERVICES INC	<input type="checkbox"/>	<input type="checkbox"/>	**--***7061	<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

		A	B	C	
2	Qualified business income from the trade, business, or aggregation. See instructions	2	0.	395,776.	0.
3	Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	0.	79,155.	0.
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0.	142,946.	172,710.
5	Multiply line 4 by 50% (0.50)	5	0.	71,473.	86,355.
6	Multiply line 4 by 25% (0.25)	6	0.	35,737.	43,178.
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	970,271.	0.	0.
8	Multiply line 7 by 2.5% (0.025)	8	24,257.	0.	0.
9	Add lines 6 and 8	9	24,257.	35,737.	43,178.
10	Enter the greater of line 5 or line 9	10	24,257.	71,473.	86,355.
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0.	71,473.	0.
12	Phased-in reduction. Enter the amount from line 26, if any	12		76,717.	
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	0.	76,717.	0.
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14			
15	Qualified business income component. Subtract line 14 from line 13	15	0.	76,717.	0.
16	Total qualified business income component. Add all amounts reported on line 15	16	76,717.		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

REV 07/23/23 PRO

Form **8995-A** (2022)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

			A	B	C
17	Enter the amounts from line 3	17		79,155.	
18	Enter the amounts from line 10	18		71,473.	
19	Subtract line 18 from line 17	19		7,682.	
20	Taxable income before qualified business income deduction	20	371,836.		
21	Threshold. Enter \$170,050 (\$340,100 if married filing jointly)	21	340,100.		
22	Subtract line 21 from line 20	22	31,736.		
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23	100,000.		
24	Phase-in percentage. Divide line 22 by line 23	24	31.7400 %		
25	Total phase-in reduction. Multiply line 19 by line 24	25		2,438.	
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		76,717.	

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	76,717.		
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years	29	()		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20)	31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31	32		76,717.	
33	Taxable income before qualified business income deduction	33	371,836.		
34	Net capital gain. See instructions	34	0.		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		371,836.	
36	Income limitation. Multiply line 35 by 20% (0.20)	36		74,367.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		74,367.	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38			
39	Total qualified business income deduction. Add lines 37 and 38	39		74,367.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40	(0.)		

Form **8995-A** 2**Qualified Business Income Deduction**

OMB No. 1545-2294

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.**2022**
Attachment
Sequence No. **55A**

Name(s) shown on return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your taxpayer identification number

***-**-7353

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$170,050 (\$340,100 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A	COMMON GROUND INVESTMENTS LLC	<input type="checkbox"/>	<input type="checkbox"/>	**-***6081	<input type="checkbox"/>
B		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
C		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Part II Determine Your Adjusted Qualified Business Income

		A	B	C
2	Qualified business income from the trade, business, or aggregation. See instructions	2	0.	
3	Multiply line 2 by 20% (0.20). If your taxable income is \$170,050 or less (\$340,100 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	3	0.	
4	Allocable share of W-2 wages from the trade, business, or aggregation	4	0.	
5	Multiply line 4 by 50% (0.50)	5	0.	
6	Multiply line 4 by 25% (0.25)	6	0.	
7	Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	7	970,273.	
8	Multiply line 7 by 2.5% (0.025)	8	24,257.	
9	Add lines 6 and 8	9	24,257.	
10	Enter the greater of line 5 or line 9	10	24,257.	
11	W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	11	0.	
12	Phased-in reduction. Enter the amount from line 26, if any	12		
13	Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	13	0.	
14	Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions	14		
15	Qualified business income component. Subtract line 14 from line 13	15	0.	
16	Total qualified business income component. Add all amounts reported on line 15	16		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

REV 07/23/23 PRO

Form **8995-A** (2022)

Part III Phased-in Reduction

Complete Part III only if your taxable income is more than \$170,050 but not \$220,050 (\$340,100 and \$440,100 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

		A	B	C
17	Enter the amounts from line 3	17		
18	Enter the amounts from line 10	18		
19	Subtract line 18 from line 17	19		
20	Taxable income before qualified business income deduction 20			
21	Threshold. Enter \$170,050 (\$340,100 if married filing jointly) 21			
22	Subtract line 21 from line 20 22			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) 23			
24	Phase-in percentage. Divide line 22 by line 23 24 %			
25	Total phase-in reduction. Multiply line 19 by line 24 25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business 26			

Part IV Determine Your Qualified Business Income Deduction

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions 28			
29	Qualified REIT dividends and PTP (loss) carryforward from prior years 29 ()			
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- 30			
31	REIT and PTP component. Multiply line 30 by 20% (0.20) 31			
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 32			
33	Taxable income before qualified business income deduction 33			
34	Net capital gain. See instructions 34			
35	Subtract line 34 from line 33. If zero or less, enter -0- 35			
36	Income limitation. Multiply line 35 by 20% (0.20) 36			
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 37			
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 38			
39	Total qualified business income deduction. Add lines 37 and 38 39			
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- 40 ()			

SCHEDULE C
(Form 8995-A)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

1

Loss Netting and Carryforward

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your taxpayer identification number

***-**-7353

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	COMMON GROUND INVESTMENTS LLC	-3,357.	()	0.
	ESCAPE PROPERTY MANAGEMENT LLC	416,400.	(20,624.)	395,776.
	PLATINUM PLUS SERVICES INC	-13,910.	()	0.
2	Qualified business net (loss) carryforward from prior years. See instructions			2 ()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations			3 (20,624.)
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations			4 416,400.
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b)			5 (20,624.)
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-			6 (0.)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 07/23/23 PRO

Schedule C (Form 8995-A) (Rev. 12-2022)

SCHEDULE C
(Form 8995-A)

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service

2

Loss Netting and Carryforward

Attach to Form 8995-A.

Go to www.irs.gov/Form8995A for instructions and the latest information.

OMB No. 1545-2294

Attachment
Sequence No. **55D**

Name(s) shown on return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your taxpayer identification number

***-**-7353

If you have more than three trades, businesses, or aggregations, complete and attach as many Schedules C as needed. See instructions.

1	Trade, business, or aggregation name	(a) Qualified business income/(loss)	(b) Reduction for loss netting (see instructions)	(c) Adjusted qualified business income (Combine (a) and (b). If zero or less, enter -0-.)
	COMMON GROUND INVESTMENTS LLC	-3,357.	()	0.
			()	
			()	

2	Qualified business net (loss) carryforward from prior years. See instructions	2	()
3	Total of the trades, businesses, or aggregations losses. Combine the negative amounts on lines 1, column (a), and 2 for all trades, businesses, or aggregations	3	()
4	Total of the trades, businesses, or aggregations income. Add the positive amounts on line 1, column (a), for all trades, businesses, or aggregations	4	
5	Losses netted with income of other trades, businesses, or aggregations. Enter in the parentheses on line 5 the smaller of the absolute value of line 3 or line 4. Allocate this amount to each of the trades, businesses, or aggregations on line 1, column (b)	5	()
6	Qualified business net (loss) carryforward. Subtract line 5 from line 3. If zero or more, enter -0-	6	()

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 07/23/23 PRO

Schedule C (Form 8995-A) (Rev. 12-2022)

Form **8867**

(Rev. November 2022)

Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status***To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

OMB No. 1545-0074

For tax year
20 _____Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Taxpayer identification number

***-**-7353

Preparer's name

RICHARD HYAMS, EA

Preparer tax identification number

*****3364

Part I Due Diligence RequirementsPlease check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

REV 07/23/23 PRO

Form **8867** (Rev. 11-2022)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form **8960****Net Investment Income Tax—
Individuals, Estates, and Trusts**

OMB No. 1545-2227

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.**2022**
Attachment
Sequence No. **72**

Name(s) shown on your tax return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Your social security number or EIN

***-**-7353

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	395,836.		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	13,910.		
c	Combine lines 4a and 4b		4c	409,746.
5a	Net gain or loss from disposition of property (see instructions)			
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	0.		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)			
d	Combine lines 5a through 5c		5d	0.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	409,746.

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)			
b	State, local, and foreign income tax (see instructions)			
c	Miscellaneous investment expenses (see instructions)			
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	409,746.
13	Modified adjusted gross income (see instructions)	397,736.		
14	Threshold based on filing status (see instructions)	250,000.		
15	Subtract line 14 from line 13. If zero or less, enter -0-	147,736.		
16	Enter the smaller of line 12 or line 15		16	147,736.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	5,614.
18a	Net investment income (line 12 above)			
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-			
19a	Adjusted gross income (see instructions)			
b	Highest tax bracket for estates and trusts for the year (see instructions)			
c	Subtract line 19b from line 19a. If zero or less, enter -0-			
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 07/23/23 PRO

Form **8960** (2022)

Document Page 29 of 158
Injured Spouse AllocationForm **8379**
(Rev. November 2021)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

Attachment
Sequence No. **104**► Go to www.irs.gov/Form8379 for instructions and the latest information.**Part I Should You File This Form?** You must complete this part.

- 1 Enter the tax year for which you are filing this form ► 2022. Answer the following questions for that year.
- 2 Did you (or will you) file a joint return?
☒ **Yes.** Go to line 3.
☐ **No. Stop here.** Do not file this form. You are not an injured spouse.
- 3 Did (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? See instructions.
 • Federal tax • State income tax • State unemployment compensation • Child support
 • Spousal support • Federal nontax debt (such as a student loan)
☒ **Yes.** Go to line 4.
☐ **No. Stop here.** Do not file this form. You are not an injured spouse.
- Note:** If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See *Innocent Spouse Relief* in the instructions.
- 4 Are you legally obligated to pay this past-due amount?
☐ **Yes. Stop here.** Do not file this form. You are not an injured spouse.
- Note:** If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See *Innocent Spouse Relief* in the instructions.
- ☒ **No.** Go to line 5a.
- 5a Were you a resident of a community property state at any time during the tax year entered on line 1? See instructions.
☐ **Yes.** Enter the name(s) of the community property state(s) _____.
 Go to line 5b.
☒ **No.** Skip line 5b and go to line 6.
- b If you answered "Yes" on line 5a, was your marriage recognized under the laws of the community property state(s)? See instructions.
☐ **Yes.** Skip lines 6 through 9. **Go to Part II** and complete the rest of this form.
☐ **No.** Go to line 6.
- 6 Did you make and report payments, such as federal income tax withholding or estimated tax payments?
☐ **Yes.** Skip lines 7 through 9 and **go to Part II** and complete the rest of this form.
☒ **No.** Go to line 7.
- 7 Did you have earned income, such as wages, salaries, or self-employment income?
☒ **Yes.** Go to line 8.
☐ **No.** Skip line 8 and go to line 9.
- 8 Did (or will) you claim the earned income credit or additional child tax credit?
☒ **Yes.** Skip line 9 and **go to Part II** and complete the rest of this form.
☐ **No.** Go to line 9.
- 9 Did (or will) you claim a refundable tax credit? See instructions.
☐ **Yes. Go to Part II** and complete the rest of this form.
☐ **No. Stop here.** Do not file this form. You are not an injured spouse.

Part II Information About the Joint Return for Which This Form Is Filed

- 10 Enter the following information exactly as it is shown on the tax return for which you are filing this form.
 The spouse's name and social security number shown first on that tax return must also be shown first below.

First name, initial, and last name shown first on the return PAUL ALLMAN	Social security number shown first ***-**-7353	If injured spouse, check here ► <input type="checkbox"/>
First name, initial, and last name shown second on the return DEBRA CHAFFIN-ALLMAN	Social security number shown second ***-**-	If injured spouse, check here ► <input checked="" type="checkbox"/>

- 11 Check this box only if you want your refund issued in both names. Otherwise, separate refunds will be issued for each spouse, if applicable ☐
- 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? ☐ **Yes** ☒ **No**
 If "Yes," enter the address. If a foreign address, see instructions.

Number and street

City, town or post office, state, and ZIP code

Part III Allocation Between Spouses of Items on the Joint Return. See the separate Form 8379 instructions for Part III.

Allocated Items (Column (a) must equal columns (b) + (c))	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
13 Income: a. Income reported on Form(s) W-2	1,900.	1,900.	0.
b. All other income	395,836.	-17,267.	413,103.
14 Adjustments to income		0.	0.
15 Standard deduction or itemized deductions	25,900.	12,950.	12,950.
16 Nonrefundable credits	500.	500.	0.
17 Refundable credits (do not include any earned income credit)			
18 Other taxes	5,614.	0.	5,614.
19 Federal income tax withheld	1.	1.	0.
20 Payments			

Part IV Signature. Complete this part only if you are filing Form 8379 by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only	Keep a copy of this form for your records	Injured spouse's signature	Date	Phone number
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no. (516) 220-9518		

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service

See separate instructions.

Attach to Form 1040, 1040-SR, or 1041.

Go to www.irs.gov/Form8582 for instructions and the latest information.**2022**
Attachment
Sequence No. **858**

Name(s) shown on return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Identifying number

***-**-7353

Part I 2022 Passive Activity Loss**Caution:** Complete Parts IV and V before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	0 .	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(6,714 .)	
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()	
d Combine lines 1a, 1b, and 1c	1d		-6,714 .

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	416,460 .	
b Activities with net loss (enter the amount from Part V, column (b))	2b	(0 .)	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c	2d		416,460 .

3 Combine lines 1d and 2d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		409,746 .
--	----------	--	-----------

- If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8	9	0 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2022. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
COMMON GROUND INVESTMENTS LLC	0 .	3,357 .			3,357 .
COMMON GROUND INVESTMENTS LLC	0 .	3,357 .			3,357 .
Total. Enter on Part I, lines 1a, 1b, and 1c	0 .	6,714 .			

For Paperwork Reduction Act Notice, see instructions.

BAA

REV 07/23/23 PRO

Form **8582** (2022)

Part V Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
ESCAPE PROPERTY MANAGEMENT LLC	416,460.	0.		416,460.	
Total. Enter on Part I, lines 2a, 2b, and 2c	416,460.	0.			

Part VI Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Form **4868**Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**Go to www.irs.gov/Form4868 for the latest information.

OMB No. 1545-0074

2022

There are three ways to request an automatic extension of time to file a U.S. individual income tax return.

1. You can pay all or part of your estimated income tax due and indicate that the payment is for an extension using Direct Pay, the Electronic Federal Tax Payment System, or using a credit or debit card. See *How To Make a Payment*, later.
2. You can file Form 4868 electronically by accessing IRS e-file using your tax software or by using a tax professional who uses e-file.
3. You can file a paper Form 4868 and enclose payment of your estimate of tax due (optional).

**It's Convenient,
Safe, and Secure**

IRS e-file is the IRS's electronic filing program. You can get an automatic extension of time to file your tax return by filing Form 4868 electronically. You'll receive an electronic acknowledgment once you complete the transaction. Keep it with your records. Don't mail in Form 4868 if you file electronically, unless you're making a payment with a check or money order. See *Pay by Check or Money Order*, later.

Complete Form 4868 to use as a worksheet. If you think you may owe tax when you file your return, you'll need to estimate your total tax liability and subtract how much you've already paid (lines 4, 5, and 6 below).

Several companies offer free e-filing of Form 4868 through the Free File program. For more details, go to www.irs.gov/FreeFile.

**Pay Electronically**

You **don't** need to file Form 4868 if you make a payment using our electronic payment options. The IRS will automatically process an extension of time to file when you pay part or all of your estimated income tax electronically. You can pay online or by phone. See *Making Payments Electronically*, later.

**E-file Using Your Tax Software
or Through a Tax Professional**

Refer to your tax software package or tax preparer for ways to file electronically. Be sure to have a copy of your 2021 tax return—you'll be asked to provide information from the return for taxpayer verification. If you wish to make a payment, you can pay by electronic funds withdrawal or send your check or money order to the address shown in the middle column under *Where To File a Paper Form 4868*, later.

**File a Paper Form 4868**

If you wish to file on paper instead of electronically, fill in the Form 4868 below and mail it to the address shown under *Where To File a Paper Form 4868*, later.

For information on using a private delivery service, see *Private Delivery Services*, later.

Note: If you're a fiscal year taxpayer, you must file a paper Form 4868.

General Instructions**Purpose of Form**

Use Form 4868 to apply for 6 more months (4 if "out of the country" (defined later under *Taxpayers who are out of the country*) and a U.S. citizen or resident) to file Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.

Gift and generation-skipping transfer (GST) tax return (Form 709). An extension of time to file your 2022 calendar year income tax return also extends the time to file Form 709 for 2022. However, it doesn't extend the time to pay any gift and GST tax you may owe for 2022. To make a payment of gift and GST tax, see Form 8892. If you don't pay the amount due by the regular due date for Form 709, you'll owe interest and may also be charged penalties. If the donor died during 2022, see the instructions for Forms 709 and 8892.

Qualifying for the Extension

To get the extra time, you must:

1. Properly estimate your 2022 tax liability using the information available to you,
2. Enter your total tax liability on line 4 of Form 4868, and
3. File Form 4868 by the regular due date of your return.



CAUTION Although you aren't required to make a payment of the tax you estimate as due, Form 4868 doesn't extend the time to pay taxes. If you don't pay the amount due by the regular due date, you'll owe interest. You may also be charged penalties. For more details, see *Interest and Late Payment Penalty*, later. Any remittance you make with your application for extension will be treated as a payment of tax.

You don't have to explain why you're asking for the extension. We'll contact you only if your request is denied.

Don't file Form 4868 if you want the IRS to figure your tax or you're under a court order to file your return by the regular due date.

DETACH HERE

Form **4868**Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2022, or other tax year beginning , 2022, and ending , .

REV 07/23/23 PRO 1555

2022

Part I Identification		Part II Individual Income Tax	
1	PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN 4182 SETTER CT MYRTLE BEACH, SC 29579	4	Estimate of total tax liability for 2022 . . . \$ 0.
2	***-**-7353	5	Total 2022 payments . . . 1.
3	***-**-	6	Balance due. Subtract line 5 from line 4. See instructions . . . 0.
		7	Amount you're paying (see instructions) .
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions . . . <input type="checkbox"/>
		9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding . . . <input type="checkbox"/>
*****7353 FJ ALLM 30 0 202212 670			

Qualified Business Income Deduction Summary

2022

► Keep for your records

Name(s) Shown on Return PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN	Social Security Number ***-**-7353
---	---------------------------------------

QuickZoom to QBI Component Worksheet►

QuickZoom to Form 8995.►

QuickZoom to Form 8995-A►

1 Trade or business name	Net QBI
COMMON GROUND INVESTMENTS LLC	-3,357.
ESCAPE PROPERTY MANAGEMENT LLC	416,400.
See GROUPS	
2 Net qualified business income (QBI) from qualified trades or businesses	395,776.
3 Loss from previous year	
4 Sum of activities with gains (only positive amounts from table on line 1)	416,400.
5 Sum of activities with losses (only negative amounts from table on line 1)	-20,624.
6 Check if using Simplified Computation (Form 8995) <input type="checkbox"/>	
7 QBI component from Form 8995 line 5 or Form 8995A line 16	76,717.
8 QBI loss carryover from Form 8895 line 16 or Form 8995A Schedule C line 6	0.
9 Total REIT dividends	
10 PTP Income from non-SSTBs	
11 PTP Income from SSTBs	
12 Allowed PTP Income from SSTBs	
13 Total Allowed PTP income (sum of line 10 and line 12)	
14 Carryover REIT/PTP losses from prior year	
15 Total REIT/PTP income	
16 20% of total REIT/PTP income	
17 Disallowed REIT/PTP loss	0.
18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income)	76,717.
19 Taxable income before qualified business income deduction.	371,836.
20 Net capital gains	0.
21 Taxable income minus net capital gains. If zero or less, enter -0-	371,836.
22 20% of taxable income minus net capital gains	74,367.
23 QBI deduction before DPAD.	74,367.
<i>Lesser of Combined QBI Amount or 20% of taxable income minus cap gains</i>	
24 Section 199A(g) deduction for domestic production activities	
25 Total 199A (QBI) deduction (sum of lines 23 and 24)	74,367.

Name(s) Shown on Return PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN			Social Security Number	
Income	2021	2022	Difference	%
Wages, salaries, tips, etc	8,900.	1,900.	-7,000.	-78.65
Interest and dividend income				
State tax refund				
Business income (loss)	413,760.		-413,760.	-100.00
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc	27,299.	395,836.	368,537.	999.00
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	449,959.	397,736.	-52,223.	-11.61
Adjustments to Income	13,843.		-13,843.	-100.00
Adjusted Gross Income	436,116.	397,736.	-38,380.	-8.80
Itemized Deductions				
Medical and dental				
Income or sales tax	5,298.	28,844.	23,546.	444.43
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	5,298.	10,000.	4,702.	88.75
Standard or Itemized Deduction	12,550.	25,900.	13,350.	106.37
Qualified Business Income Deduction	33,989.	74,367.	40,378.	118.80
Taxable Income	389,577.	297,469.	-92,108.	-23.64
Income tax	110,896.	59,064.	-51,832.	-46.74
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	110,896.	59,064.	-51,832.	-46.74
Nonbusiness credits		500.	500.	
Business credits				
Total Credits		500.	500.	
Self-employment tax	27,685.		-27,685.	-100.00
Other taxes	2,756.	5,614.	2,858.	103.70
Total Tax After Credits	141,337.	64,178.	-77,159.	-54.59
Withholding	195.	1.	-194.	-99.49
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	195.	1.	-194.	-99.49
Form 2210 penalty	382.	2,314.	1,932.	505.76
Applied to next year's estimated tax				
Refund				
Balance Due	141,524.	66,491.	-75,033.	-53.02

Current year effective tax rate 14.72 %

MFJ vs MFS Comparison Worksheet

2022

Name(s) Shown on Return

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Use this worksheet to split an MFJ return into two MFS returns to determine best filing status for your client.

First, turn on the TSJ indicators, go to **Tools** Menu and select **Options** and check "Show TSJ indicators"

Second, highlight line you want to allocate and click on letter Taxpayer(T), Spouse (S), or Joint(J).

* See help concerning the calculation of these amounts.

Alternate Filing Status Selection	(1) Taxpayer Separate	(2) Spouse Separate	(3) Columns 1 and 2 Combined	(4) Married Filing Joint
Total income	413,103.	-12,010.	401,093.	397,736.
Less: total adjustments				
Adjusted gross income . . .	413,103.	-12,010.	401,093.	397,736.
Less: itemized deductions or standard deduction	-12,950.	-12,950.	-25,900.	-25,900.
Less: qual business inc. ded.				-74,367.
Taxable income	400,153.	0.	375,193.	297,469.
Tax	115,331.		115,331.	59,064.
Less: credits				-500.
Other taxes	2,807.	2,807.	5,614.	5,614.
Total tax	118,138.	2,807.	120,945.	64,178.
Less: payments		-1.	-1.	-1.
Tentative balance due or (refund)	118,138.	2,806.	120,944.	64,177.

Federal Income Tax Savings by filing
as Married Filing Jointly is \$56,767

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Page 2

* See help concerning the calculation of these amounts.

Alternate Filing Status Selection	(1) Taxpayer Separate	(2) Spouse Separate	(3) Columns 1 and 2 Combined	(4) Married Filing Joint
Income				
7 Wages, etc *	0.	1,900.	1,900.	1,900.
8 Taxable interest income				
9 Ordinary dividends				
10 Refunds — state/local tax . . .				
11 Alimony received				
12 Business income or loss				
13 Capital gain or loss				
14 Other gains or losses				
15 Taxable IRA distributions * . . .				
16 Taxable pensions, etc				
17 Rent, royalties, partnerships, S corporations, trusts, etc . . .	413,103.	-17,267.	395,836.	395,836.
18 Farm income or loss				
19 Unemployment compensation				
20 Taxable SS/RRB	0.	0.	0.	
21 Other income				
MFS passive loss adjustment *		3,357.	3,357.	
22 Total income	413,103.	-12,010.	401,093.	397,736.
Adjustments				
23 Educator expenses				
24 Expenses of reservists, perf artists, fee-basis gov't offic'ls .				
25 Health savings account				
26 Moving expenses				
27 SE tax deduction				
28 SEP, SIMPLE, qualif plans . . .				
29 SE health insurance				
30 Penalty — early withdrawal . .				
31 Alimony paid				
32 IRA deduction				
33 Student loan interest				
34 Archer MSA				
35 Other adjustments				
36 Total adjustments				
37 Adjusted gross income . . .	413,103.	-12,010.	401,093.	397,736.
Deductions				
38 See Itemized Deductions Summary on page 4				
Standard deduction	12,950.	12,950.	25,900.	25,900.
39 Qual business inc. deduct * . . .				74,367.
40 Taxable income	400,153.	0.	400,153.	297,469.

* See help concerning the calculation of these amounts.

	(1) Taxpayer	(2) Spouse	(3) Col 1 + Col 2	(4) MFJ
Tax				
41 Tax (Comp Wks or Tables) . .	115,331.		115,331.	59,064.
Schedule D or qual divs tax *				
Schedule J tax *				
Foreign earned inc tax wks . .				
Tax from Form 8814 *				
Tax from Form 4972				
Tax from addl Form(s) 4972 *				
Tax from Form 8863 recapt . .				
Tax from IRC Section 197(f) .				
Tax	115,331.		115,331.	59,064.
42 Alternative minimum tax * . .				
43 Excess Adv Prem tax credit *				
44 Add lines 41, 42 and 43 . . .	115,331.		115,331.	59,064.
Credits				
45 Foreign tax credit *				
46 Child and dep care credit . . .	0.	0.	0.	
47 Education credits				
48 Retirement savings credit . .				
49 Child tax credit *	0.	0.	0.	500.
50 Residential energy credits . .	0.	0.	0.	
51 Other credits *	0.	0.	0.	
52 Total credits	0.	0.	0.	500.
53 Subtract line 52 from line 44 .	115,331.	0.	115,331.	58,564.
Other taxes				
54 Self-employment tax				
55 Unreported Soc Sec/Med . . .				
56 Tax on IRAs, other ret plans .				
57 a Household employment tax .				
b First-time homebuyer repay . .				
58 Reserved				
59 a Additional Medicare tax . . .	0.	0.	0.	
b Other taxes *	2,807.	2,807.	5,614.	5,614.
60 Total tax	118,138.	2,807.	120,945.	64,178.
Payments				
61 Federal income tax withheld .		1.	1.	1.
62 Estimated tax payments				
63 Earned income credit				
64 Additional child tax credit * . .				
65 American opportunity credit . .				
66 Reserved				
67 Net premium tax credit * . . .				
68 Amount pd with Form 4868 . .				
69 Excess FICA/RRTA tax w/h . .				
70 Fuel tax credit				
71 Other payments *	0.	0.	0.	
72 Amount paid	0.	1.	1.	1.
Tentative balance due				
or (refund)	118,138.	2,806.	120,944.	64,177.

PAUL ALLMAN & DEBRA CHAFFIN-ALLMAN

Page 4

* See help concerning the calculation of these amounts.

Itemized Deductions Summary

	(1) Taxpayer	(2) Spouse	(3) Col 1 + Col 2	(4) MFJ
1 Medical and dental expenses				
2 Allowable medical and dental expenses				
3 Sales tax for MFS from tbl * . .				1,947.
4 Taxes paid	5,000.	10.	5,010.	10,000.
5 Mortgage interest				
6 Reserved				
7 Investment interest	0.	0.	0.	
8 Total interest	0.	0.	0.	
9 Gifts to charity *	0.	-12,010.	-12,010.	
10 Casualty and theft losses . . .	0.	0.	0.	
11 Other itemized deductions				
12 Total itemized deductions . .	5,000.	-12,000.	-7,000.	10,000.

Additional Information From 2022 Federal Tax Return

Form 8379: Injured Spouse Allocation

All Other Income Information TP/SP

Continuation Statement

Other Income Type	Other Income Joint Amount	Other Income Injured Spouse Amount	Other Income Other Spouse Amount
Rentals, royalties, K-1's, etc	395,836.	-17,267.	413,103.

COPY

Qualified Business Inc Deduction Summary
GROUPS

Continuation Statement

<u>PLATINUM PLUS SERVICES INC</u>	<u>-13,910.</u>
<u>COMMON GROUND INVESTMENTS LLC</u>	<u>-3,357.</u>

COPY

1555



dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

2022 INDIVIDUAL INCOME TAX RETURN

SC1040

(Rev. 4/29/22)

3075

Your Social Security Number			Check if deceased <input type="checkbox"/>
***	**	7353	
Spouse's Social Security Number			Check if deceased <input type="checkbox"/>
***	**		



For the year January 1 - December 31, 2022, or fiscal tax year beginning _____, 2022 and ending _____, 2023

First name and middle initial PAUL		Last name ALLMAN		Suffix
Spouse's first name, if married filing jointly DEBRA		Last name CHAFFIN-ALLMAN		Suffix
Check if new address <input type="checkbox"/>	Mailing address (number and street, PO Box) 4182 SETTER CT			County code 26
City MYRTLE BEACH	State SC	ZIP 29579	Daytime phone number with area code	
Check if address is outside US <input type="checkbox"/>	Foreign country address including postal code			

- **Amended Return:** Check if this is an Amended Return. (Attach Schedule AMD) ☐
 - Check this box if you are a part-year or nonresident filing an SC Schedule NR ☐
 - Check this box only if you are filing a composite return on behalf of a Partnership or S Corporation. Do not check this box if you are an individual ☐
 - Check this box if you have filed a federal or state extension. ☐
 - Check this box if you served in a military combat zone during the filing period ☐
- Name of the combat zone: _____

CHECK YOUR FEDERAL FILING STATUS	(1) <input type="checkbox"/> Single	(3) <input type="checkbox"/> Married filing separately - enter spouse's SSN: _____
	(2) <input checked="" type="checkbox"/> Married filing jointly	(4) <input type="checkbox"/> Head of household (5) <input type="checkbox"/> Qualifying widow(er)

Number of dependents claimed on your 2022 federal return 1

Number of dependents claimed that were under the age of 6 years as of December 31, 2022 _____

Number of taxpayers age 65 or older as of December 31, 2022 _____

DEPENDENTS

First name	Last name	Social Security Number	Relationship	Date of birth (MM/DD/YYYY)
			Daughter	

30751226

REV 07/14/23 PRO



INCOME AND ADJUSTMENTS

Your SSN ***-**-7353

2022

1 Enter federal taxable income from your federal form. If zero or less, enter zero here		Dollars	
Nonresident filers: complete Schedule NR and enter total from line 48 on line 5 below	1	297,469	00

ADDITIONS TO FEDERAL TAXABLE INCOME

a State tax addback, if itemizing on federal return (see instructions)	a		00
b Out-of-state losses Type: _____	b		00
c Expenses related to National Guard and Military Reserve Income	c		00
d Interest income on obligations of states and political subdivisions other than South Carolina	d		00
e Other additions to income (attach explanation - see instructions)	e	74,367	00
2 Total additions (add line a through line e)	2	74,367	00
3 Add line 1 and line 2 and enter the total here	3	371,836	00

SUBTRACTIONS FROM FEDERAL TAXABLE INCOME

f State tax refund, if included on your federal return	f		00
g Total and permanent disability retirement income, if taxed on your federal return	g		00
h Out-of-state income/gain (do not include personal service income) Check type of income/gain: <input type="checkbox"/> Rental <input type="checkbox"/> Business <input type="checkbox"/> Other _____	h		00
i 44% of net capital gains held for more than one year	i		00
j Volunteer deductions (see instructions) Type: _____	j		00
k Contributions to the SC College Investment Program (Future Scholar) or the SC Tuition Prepayment Program	k		00
l Active Trade or Business Income deduction (see instructions)	l		00
m Interest income from obligations of the US government	m		00
n Certain nontaxable National Guard or Reserve pay	n		00
o Social Security and/or railroad retirement, if taxed on your federal return	o		00
p Retirement Deduction (see instructions)			
p-1 Taxpayer (date of birth: _____)	p-1		00
p-2 Spouse (date of birth: _____)	p-2		00
p-3 Surviving spouse (date of birth of deceased spouse: _____)	p-3		00
p-4 Taxpayer (date of birth: _____)	p-4		00
p-5 Spouse (date of birth: _____)	p-5		00
p-6 Surviving spouse (date of birth of deceased spouse: _____)	p-6		00
q Age 65 and older deduction (see instructions)			
q-1 Taxpayer (date of birth: _____)	q-1		00
q-2 Spouse (date of birth: _____)	q-2		00
r Negative amount of federal taxable income	r		00
s Subsistence allowance (multiply _____ days by \$8)	s		00
t Dependents under the age of 6 years on December 31 of the tax year	t		00
u Consumer Protection Services	u		00
v Other subtractions (see instructions)	v		00
w South Carolina Dependent Exemption (see instructions)	w	4,430	00
4 Total subtractions (add line f through line w)	4	< 4,430	00 >
5 Residents: subtract line 4 from line 3 and enter the difference. Nonresidents: enter amount from Schedule NR, line 48. If less than zero, enter zero here. This is your SOUTH CAROLINA INCOME SUBJECT TO TAX	5	367,406	00
6 TAX on your South Carolina Income Subject to Tax (see SC1040TT)	6	23,223	00
7 TAX on Lump Sum Distribution (attach SC4972)	7		00
8 TAX on Active Trade or Business Income (attach I-335)	8		00
9 TAX on excess withdrawals from Catastrophe Savings Accounts	9		00
10 Add line 6 through line 9 and enter the total here. This is your TOTAL SOUTH CAROLINA TAX	10	23,223	00



Your SSN ***-**-7353

Page 3 of 3
2022**NON-REFUNDABLE CREDITS**

11 Child and Dependent Care (see instructions)	11		00
12 Two Wage Earner Credit (see instructions)	12		00
13 Other nonrefundable credits. Attach SC1040TC and other state returns	13		00
14 Total nonrefundable credits (add line 11 through line 13)	14		00
15 Subtract line 14 from line 10 and enter the difference. If less than zero, enter zero here	15	23,223	00

PAYMENTS AND REFUNDABLE CREDITS

16 SC income tax withheld (attach W-2 or SC41)	16	10	00
17 2022 Estimated Tax payments	17		00
18 Amount paid with extension	18		00
19 Nonresident sale of real estate (paid on I-290)	19		00
20 Other SC withholding (attach 1099)	20		00
21 Tuition tax credit (attach I-319)	21		00
22 Other refundable credits:			
22a Anhydrous Ammonia (attach I-333)	22a		00
22b Milk Credit (attach I-334)	22b		00
22c Classroom Teacher Expenses (attach I-360)	22c		00
22d Parental Refundable Credit (attach I-361)	22d		00
22e Motor Fuel Income Tax Credit (attach I-385)	22e		00
Total refundable credits (add line 22a through line 22e)	22		00

AMENDED RETURN: Use Schedule AMD for line 23 calculation.

23 Add line 16 through line 22 and enter the total here. These are your TOTAL PAYMENTS	23	10	00
24 If line 23 is larger than line 15, subtract line 15 from line 23 and enter the overpayment	24		00
25 If line 15 is larger than line 23, subtract line 23 from line 15 and enter the amount due	25	23,213	00

AMENDED RETURN: Enter the amount from line 24 on line 30. Enter the amount from line 25 on line 31.

26 USE TAX due on online, mail-order, or out-of-state purchases	26	0	00
Use Tax is based on your county's Sales Tax rate. See instructions for more information.			
If you certify that no Use Tax is due, check here <input checked="" type="checkbox"/>			
27 Amount of line 24 to be credited to your 2023 Estimated Tax	27		00
28 Total Contributions for Check-offs (attach I-330)	28		00
29 Add line 26 through line 28 and enter the total here	29	0	00
30 If line 29 is larger than line 24, go to line 31. Otherwise, subtract line 29 from line 24 and enter the amount to be refunded to you (line 35 check box entry is required) REFUND	30		00
31 Add line 25 and line 29. If line 29 is larger than line 24, subtract line 24 from line 29, enter the total. This is your tax due	31	23,213	00
32 Late filing and/or late payment: Penalties Interest Enter total here	32		00
33 Penalty for Underpayment of Estimated Tax (attach SC2210)			
Enter exception code from instructions here if applicable			
33	33	845	00
34 Add line 31 through line 33 and enter your balance due (select payment option on line 36) BALANCE DUE	34	24,058	00

REFUND OPTIONS Getting a refund? **Direct deposit is fast, accurate, and secure!**35 Select one: ☐ Direct Deposit (line 37 required) (for US accounts only) ☐ Debit Card ☐ Paper Check**PAYMENT OPTIONS** Have a balance due? **Pay electronically! It's quick and easy!**36 Select one: ☐ MyDORWAY (pay at dor.sc.gov/pay) ☐ ACH Debit (enter your US bank information on line 37)For payments only: Withdrawal Date Withdrawal Amount 0037 Type of Account: ☐ Checking ☐ Savings

Routing

Number (RTN)

Must be 9 digits. The first two numbers of the RTN must be 01 through 32.

Bank Account

Number (BAN)

1-17 digits

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your signature

Date

Spouse's signature (if married filing jointly, BOTH must sign)

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.

Yes ☒ No ☐

Preparer's printed name

RICHARD HYAMS, EA

Paid Preparer's Use Only

Preparer signature

RICHARD HYAMS, EA

Date

10-12-2023

Check if self-employed ☐

PTIN

*****3364

Firm name (or yours if self-employed), address, ZIP

East End Tax & Accounting LLC
19 Mill Pond Ln East Moriches NY 11940

FEIN

-*6349

Phone

(516) 220-9518

MAIL TO: REFUNDS OR ZERO TAX: SC1040 Processing Center, PO Box 101100, Columbia, SC 29211-0100
BALANCE DUE: Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753222

REV 07/14/23 PRO

STATE REQUIRED INFORMATION

State Required Information

The South Carolina Department of Revenue requires the following information be presented to all taxpayers.

Have a balance due? Pay electronically!

* The quickest, easiest way to pay is using the SCDOR's free online tax portal, MyDORWAY, at dor.sc.gov/pay. Through MyDORWAY, you can pay by credit card or ACH Debit.

* Pay by ACH Debit when you file your return electronically.

When you provide your bank account information, the SCDOR will make a request to your bank for payment of the South Carolina taxes you owe. Your bank will automatically debit your account for the requested funds. No further action is needed.

Getting a refund? Direct Deposit is fast and safe! With direct deposit, you:

* Get your refund sooner and help save tax dollars.

* Receive your refund in a fast, simple, safe, and secure way.

* Get your refund deposited automatically into your checking or savings account, giving you the fastest access to your refund.

Taxpayer Identity and Security:

In an effort to protect against identity theft and combat tax fraud, state revenue agencies are requesting that filers provide certain information from their driver's license or state-issued ID. Providing this information is encouraged, but optional, and is not required to electronically file your South Carolina return.

REV 07/14/23 PRO
dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

(Rev. 10/7/21)
3299

dor.sc.gov		DECLARATION FOR ELECTRONIC FILING		Your social security number	
Print or type.	First name and middle initial		Last name		
	PAUL		ALLMAN		
	Spouse's first name, if married filing jointly		Last name		Spouse's social security number
	DEBRA		CHAFFIN-ALLMAN		
Mailing address (number and street, PO Box)					Daytime phone number
4182 SETTER CT					
City		State	ZIP	Tax Year	
MYRTLE BEACH SC		29579		2022	

Part I Information from your SC1040, Individual Income Tax Return				
1. Federal taxable income (line 1 of your SC1040)	1	188,241	00	
2. SC tax (line 15 of your SC1040)	2	14,349	00	
3. Use Tax (line 26 of your SC1040)	3	0	00	
4. Total Tax (add line 2 and line 3)	4	14,349	00	
5. SC Income Tax Withheld (add line 16 and line 20 of your SC1040)	5	10	00	
6. Refundable credits (add line 21 and line 22 of your SC1040)	6		00	
7. Refund (line 30 of your SC1040)	7		00	
8. Balance due (line 34 of your SC1040)	8		0 00	

9. Routing number (RTN)

--	--	--	--	--	--	--	--

 Must be 9 digits. The first two numbers of the RTN must be 01 through 12 or 21 through 32.

10. Bank account number (BAN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 1-17 digits

11. Type of account: ☐ Checking ☐ Savings

11. Type of account: ☐ Checking ☐ Savings

12. Payment Withdrawal Date 12/1/2013 Payment Withdrawal Amount \$ 100.00

Part III Declaration of taxpayer

13. ☐ a. I consent for my refund to be directly deposited as designated in Part II. I declare that the information on line 1 through line 8 is correct. If I filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.

☐ b. I authorize the South Carolina Department of Revenue (SCDOR) and its designated agents to initiate an ACH Debit request to my bank account, provided in Part II, for payment of the South Carolina taxes I owe. I authorize my bank to debit my account for the requested funds and consent to the sharing of financial information between institutions for the purpose of resolving issues related to my payment.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge. This declaration is based on all information of which the preparer has any knowledge.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

Do not submit a copy of this form to the SCDOR. Return the signed copy to your paid preparer. Keep a copy with your tax records.

P. Auld 5/7/24 Debra Chaffin Wilson 5-7-24
 Your signature Date Spouse's signature (If married filing jointly, BOTH must sign) Date

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer
I declare that I have received the above taxpayer's return and the information is complete and accurate to the best of my knowledge. I have obtained the taxpayer's signature on this form before submitting the SC1040 to the SCDOR. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and the SCDOR and have followed all other requirements described in the IRS Pub. 1345 Authorized IRS e-file Providers of Individual Income Tax Returns, and requirements specified by the SCDOR. If I am the preparer, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. This declaration is based on all information of which I have knowledge. **I understand I do not mail the SC8453 to the SCDOR. I am required to keep the SC8453 and the supporting documents for three years.**

ERO's Use Only		ERO signature	Date 05-06-2024	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	PTIN
		Firm name (or yours if self-employed), address, ZIP	East End Tax & Accounting LLC 19 Mill Pond Ln, East Moriches, NY 11940		FEIN 8	
					Phone (516)220-9518	
Paid Preparer's Use Only		Preparer signature	Date 05-06-2024	Check if self-employed <input type="checkbox"/>	PTIN P00583364	
		Firm name (or yours if self-employed), address, ZIP	RICHARD HYAMS, EA 19 Mill Pond Ln East Moriches NY 11940		FEIN	
					Phone (516)220-9518	

Form **8879**
(Rev. January 2021)**IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

► ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name

PAUL ALLMAN

Social security number

Spouse's name

DEBRA CHAFFIN-ALLMAN

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

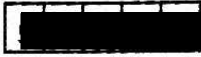
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	261,201.
2	Total tax	2	41,385.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	1.
4	Amount you want refunded to you	4	27,754.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

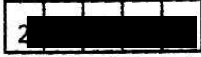
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize East End Tax & Accounting LLC to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► P. C. Date ► 5-7-24**Spouse's PIN: check one box only**

☒ I authorize East End Tax & Accounting LLC to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Debra Chaffin Allman Date ► 5-7-24**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ►

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Debtor 1	Paul Chadwick Allman Sr.		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of South Carolina			
Case number			
(If known)			

28 page 1

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Case number (if known)

Unsecured claim

3 Cedar Funding

Creditor's Name

465 Tyler Street
Number Street

Monterey CA 93940
City State ZIP Code

Contact

Contact phone

What is the nature of the claim? Monies Loaned / Advanced

\$80,000.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

4 Maison Capital

Creditor's Name

50 Federal Street
Number Street

Boston MA 02110
City State ZIP Code

Contact

Contact phone

What is the nature of the claim? Monies Loaned / Advanced

\$80,000.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

5 LG Funding

Creditor's Name

1218 Union Street
Number Street

Brooklyn NY 11225
City State ZIP Code

Contact

Contact phone

What is the nature of the claim? Monies Loaned / Advanced

\$75,000.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

6 Xplorie

Creditor's Name

534 Harbor Blvd.
Number Street
Unit 301

Destin FL 32541
City State ZIP Code

Contact

Contact phone

What is the nature of the claim? advertising for business, guarantee \$54,000.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

7 Internal Revenue Service

Creditor's Name

P.O. Box 1214
Number Street

Charlotte NC 28201
City State ZIP Code

Contact

Contact phone

What is the nature of the claim? Other

\$52,246.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$
Value of security: - \$
Unsecured claim \$

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Case number (if known)

		Unsecured claim	
8	Silverline Funding <small>Creditor's Name</small> 265 Sunrise Highway <small>Number Street</small> Rockville Centre NY 11570 <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? <u>Monies Loaned / Advanced</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$45,000.00
9	Parkside Funding <small>Creditor's Name</small> 865 NJ-33 Business 3 <small>Number Street</small> Unit 192 Freehold NJ 07728 <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? <u>Monies Loaned / Advanced</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$35,000.00
10	Slate Funding <small>Creditor's Name</small> 15 America Avenue <small>Number Street</small> Lakewood NJ 08701 <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? <u>Monies Loaned / Advanced</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$30,000.00
11	Booking.com <small>Creditor's Name</small> ooster dokskade 163 <small>Number Street</small> 1011 DL Amsterdam, Netherlanc <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? <u>third party booking agent</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$25,000.00
12	Internal Revenue Service <small>Creditor's Name</small> P.O. box 1214 <small>Number Street</small> Charlotte NC 28201 <small>City State ZIP Code</small> <small>Contact</small> <small>Contact phone</small>	What is the nature of the claim? <u>Other</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured): \$ _____ Value of security: - \$ _____ Unsecured claim \$ _____	\$20,000.00

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Case number (if known)

Unsecured claim

<p>13 <u>Barry Kirker</u> Creditor's Name</p> <p><u>351 Potters Road</u> Number Street</p> <p><u>Buffalo</u> <u>NY</u> <u>14220</u> City State ZIP Code</p> <p>Contact</p> <p>Contact phone</p>	<p>What is the nature of the claim? <u>owed per property management agree</u> <u>\$15,200.00</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$</p> <p>Value of security: - \$</p> <p>Unsecured claim \$</p>
<p>14 <u>Robert Williamson</u> Creditor's Name</p> <p><u>Address Unknown</u> Number Street</p> <p><u></u> <u></u> <u></u> City State ZIP Code</p> <p>Contact</p> <p>Contact phone</p>	<p>What is the nature of the claim? <u>security deposit</u> <u>\$15,000.00</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$</p> <p>Value of security: - \$</p> <p>Unsecured claim \$</p>
<p>15 <u>Wise Tack</u> Creditor's Name</p> <p><u>501 2nd Street</u> Number Street</p> <p><u>Suite 100</u></p> <p><u>San Francisco</u> <u>CA</u> <u>94107</u> City State ZIP Code</p> <p>Contact</p> <p>Contact phone</p>	<p>What is the nature of the claim? <u>Suppliers and Vendors</u> <u>\$15,000.00</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$</p> <p>Value of security: - \$</p> <p>Unsecured claim \$</p>
<p>16 <u>Horry County Hospitality Tax</u> Creditor's Name</p> <p><u></u> <u></u> Number Street</p> <p><u></u> <u></u> <u></u> City State ZIP Code</p> <p>Contact</p> <p>Contact phone</p>	<p>What is the nature of the claim? <u></u> <u>\$13,000.00</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$</p> <p>Value of security: - \$</p> <p>Unsecured claim \$</p>
<p>17 <u>JMW Investments</u> Creditor's Name</p> <p><u>6611 W. Street Road</u> Number Street</p> <p><u>DeMotte</u></p> <p><u>Demotte</u> <u>IN</u> <u>46310</u> City State ZIP Code</p> <p>Contact</p> <p>Contact phone</p>	<p>What is the nature of the claim? <u>owed per property management agree</u> <u>\$12,204.69</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> None of the above apply</p> <p>Does the creditor have a lien on your property?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Total claim (secured and unsecured): \$</p> <p>Value of security: - \$</p> <p>Unsecured claim \$</p>

Debtor 1

Paul Chadwick Allman Sr.

First Name

Middle Name

Last Name

Case number (if known)

Unsecured claim

18

Ravi Vittorio

Creditor's Name

5335 N Kings Highway #1031

Number Street

Myrtle Beach

SC 29577

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? owed per property management agr \$ 12,000.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

19

Green Papaya

Creditor's Name

12808 Tournament Drive

Number Street

Reston

VA 20191

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? owed per property management agre \$ 12,000.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

20

Beyond Pricing

Creditor's Name

425 2nd Street, Suite 602

Number Street

San Francisco

CA 94107

City

State

ZIP Code

Contact

Contact phone

What is the nature of the claim? cancellation fee \$ 11,214.24

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No
☐ Yes. Total claim (secured and unsecured): \$ _____
Value of security: - \$ _____
Unsecured claim \$ _____

Debtor 1

Paul Chadwick Allman Sr.

Document Page 53 of 158

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Sign Below

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Paul Chadwick Allman Sr.

Signature of Debtor 1

X _____

Signature of Debtor 2

Date 05/14/2024
MM / DD / YYYY

Date 05/14/2024
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 1,289,000.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 139,012.00
- 1c. Copy line 63, Total of all property on *Schedule A/B* **\$ 1,428,012.00**

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 2,140,523.46
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 427,246.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 776,858.31
- Your total liabilities** **\$ 3,344,627.77**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 9,300.00
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 8,405.17

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.

Total claim

From Part 4 on *Schedule E/F*, copy the following:

- 9a. Domestic support obligations (Copy line 6a.) \$ _____
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ _____
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ _____
- 9d. Student loans. (Copy line 6f.) \$ _____
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ _____
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ _____
- 9g. **Total.** Add lines 9a through 9f. \$ _____

Debtor 1	Paul Chadwick Allman Sr.		
	First Name	Middle Name	Last Name

Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name

Case number _____
(if know)

page 1 of 7

Debtor 1

Paul Chadwick Allman Sr.

First Name Middle Name Last Name

Document Page 57 of 158

Case number(if known)

1.3 2807 Teaberry Lane

Street address, if available, or other description

Sevierville TN 37862

City State ZIP Code

Sevier County

County

property identification number:

furnishings included in value

What is the property? Check all that apply

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☒ Investment property
☐ Timeshare
☐ Other_____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

furnishings included in value

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?

\$ 739,000.00

Current value of the portion you own?

\$ 369,500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint tenant

☐ Check if this is community property

1.4 806 Skiview Lane

Street address, if available, or other description

Sevierville TN 37876

City State ZIP Code

Sevier County

County

What is the property? Check all that apply

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☒ Investment property
☐ Timeshare
☐ Other_____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

furnishings included in value

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?

\$ 539,000.00

Current value of the portion you own?

\$ 269,500.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint tenant

☐ Check if this is community property

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....>

\$ 1,289,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make:Chevrolet

Model:Colorado

Year: 2016

Approximate mileage: 100,000

Other information:

Condition:Good;

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?

\$ 13,000.00

Current value of the portion you own?

\$ 13,000.00

Debtor 1

Paul Chadwick Allman Sr.

First Name Middle Name Last Name

Document Page 58 of 158

Case number(if known)

3.2 Make: Jeep
 Model: Cherokee
 Year: 2015
 Approximate mileage: 100,000
 Other information:

Condition: Good;

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? \$ 13,000.00
 Current value of the portion you own? \$ 6,750.00

3.3 Make: Chevrolet
 Model: Silverado
 Year: 2023
 Approximate mileage: 10,000
 Other information:

Condition: Very Good;

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? \$ 55,000.00
 Current value of the portion you own? \$ 55,000.00

3.4 Make: Chevrolet
 Model: Silverado
 Year: 2016
 Approximate mileage: 85,000.00
 Other information:

Condition: Good;

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? \$ 24,000.00
 Current value of the portion you own? \$ 11,180.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☒ Yes

4.1 Make: S10
 Model: Tahoe Boat
 Year: 2022
 Other information:

Condition: Good;

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? \$ 51,503.36
 Current value of the portion you own? \$ 45,000.00

4.2 Make: Trailstar
 Model: _____
 Year: 2023
 Other information:

Condition: Very Good;

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? \$ 51,503.36
 Current value of the portion you own? \$ 2,000.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....>

\$ 132,930.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

6. Household goods and furnishings

Do not deduct secured claims or exemptions.

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe...

Residential furnishings all owned by spouse or mother-in-law prior to marriage. Furnishings for rental properties are included in rental home values.

\$ 1.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe...

Computer

\$ 300.00**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe...

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No
☒ Yes. Describe...

Kayaks; life jackets and boating safety supplies; fishing poles

\$ 570.00**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe...

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe...

everyday clothes, shoes

\$ 300.00**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

- ☐ No
☒ Yes. Describe...

wedding band

\$ 250.00**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

- ☐ No
☒ Yes. Describe...

shelter adopted 3 dogs and 1 cat

\$ 0.00**14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☐ No
☒ Yes. Give specific information...

Lawn mowers and tools

\$ 1,650.00

15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....>

\$3,071.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash \$ 50.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking account: TD Bank \$ 68.00

17.2. Checking account: PayPal \$ 0.00

17.3. Checking account: South State #0131 ino Escape Prop mgn LLC \$ 83.00

17.4. Checking account: South State #9514 ino Escape Prop Mgm LLC \$ 18.00

17.5. Checking account: Cash App \$ 0.00

17.6. Checking account: Venmo \$ 0.00

17.7. Checking account: South State Bank #4171 \$ 0.00

17.8. Checking account: Anderson Brothers Bank (Joint with spouse) \$ 50.00

17.9. Checking account: South State #0125 ino Escape Prop Mgm LLC \$ 0.00

17.10. Checking account: South State #6679 ino Common Ground LLC \$ 1,242.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Escape Property Management, LLC 100 % \$ 0.00

Common Ground Investments, LLC 50 % \$ 0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes.....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them...

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☐ No
☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years...

Amended 2022 return shows refund due but will be applied to offset 2022 tax debt

Federal: \$ 0.00
 State: \$ 0.00
 Local: \$ 0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information....

31. Interests in insurance policies

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value....

32. Any interest in property that is due you from someone who has died

- ☒ No
☐ Yes. Give specific information....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

- ☐ No
☒ Yes. Give specific information....

Debtor 1

Paul Chadwick Allman Sr.

First Name Middle Name Last Name

Document Page 62 of 158

Case number(if known)

Escape Property Management, LLC has possible claims against credit cards for unjustified chargebacks

\$ Unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Give specific information....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information...

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$ 1,511.00**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☐ No
☒ Yes. Give specific information...

Mineral Rights

54. Add the dollar value of all of your entries from Part 7. Write that number here>

\$ 1,500.00**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2.....>		\$ <u>1,289,000.00</u>
56. Part 2: Total vehicles, line 5	\$ <u>132,930.00</u>	
57. Part 3: Total personal and household items, line 15	\$ <u>3,071.00</u>	
58. Part 4: Total financial assets, line 36	\$ <u>1,511.00</u>	
59. Part 5: Total business-related property, line 45	\$ <u>0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	\$ <u>0.00</u>	
61. Part 7: Total other property not listed, line 54	+ \$ <u>1,500.00</u>	
62. Total personal property. Add lines 56 through 61	\$ <u>139,012.00</u>	Copy personal property total▶ + \$ <u>139,012.00</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$ <u>1,428,012.00</u>

Fill in this information to identify your case:

Debtor 1	Paul Chadwick Allman Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of South Carolina			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 2119 Megans Ridge	\$ 375,000.00	<input checked="" type="checkbox"/> \$ 5,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(7)
Line from Schedule A/B: 1.2 Brief description: 2016 Chevrolet Colorado	\$ 13,000.00	<input checked="" type="checkbox"/> \$ 3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(2)
Line from Schedule A/B: 3.1 Brief description: Household Goods - Residential furnishings all owned by spouse or mother-in-law prior to marriage. Furnishings for rental properties are included in rental home values.	\$ 1.00	<input checked="" type="checkbox"/> \$ 1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Line from Schedule A/B: 6			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Electronics - Computer Brief description: Line from Schedule A/B: 7	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Sports & Hobby Equipment - Kayaks; life jackets and boating safety supplies; fishing poles Brief description: Line from Schedule A/B: 9	\$ 570.00	<input checked="" type="checkbox"/> \$ 570.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Clothing - everyday clothes, shoes Brief description: Line from Schedule A/B: 11	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Jewelry - wedding band Brief description: Line from Schedule A/B: 12	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(4)
Pet(s) - shelter adopted 3 dogs and 1 cat Brief description: Line from Schedule A/B: 13	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Other - Lawn mowers and tools Brief description: Line from Schedule A/B: 14	\$ 1,650.00	<input checked="" type="checkbox"/> \$ 1,650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(3)
Cash on Hand (Cash on Hand) Brief description: Line from Schedule A/B: 16	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(5)
TD Bank (Checking Account) Brief description: Line from Schedule A/B: 17.1	\$ 68.00	<input checked="" type="checkbox"/> \$ 68.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(5)
South State Bank #4171 (Checking Account) Brief description: Line from Schedule A/B: 17.7	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(5)
Anderson Brothers Bank (Joint with spouse) (Checking Account) Brief description: Line from Schedule A/B: 17.8	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(5)
South State #6679 ino Common Ground LLC (Checking Account) Brief description: Line from Schedule A/B: 17.10	\$ 1,242.00	<input checked="" type="checkbox"/> \$ 621.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(5)
Mineral Rights (Not Yet Listed) Brief description: Line from Schedule A/B: 53	\$ 1,500.00	<input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30 (A)(7)

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number _____
(if know)

☐ Check if this is
an amended
filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Column C
Unsecured portion If any

2.1

Describe the property that secures the claim: \$ 10,304.24 \$ 13,000.00 \$ 0.00

Ally Financial
Creditor's Name
P.O. Box 71119
Number Street
Charlotte NC 28272

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

2016 Chevrolet Colorado - \$13,000.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Last 4 digits of account number 5870

2.2	<div><div>Describe the property that secures the claim: \$ 51,503.36 \$ 51,503.36 \$ 0.00</div><div><div><div>BMO</div><div>Creditor's Name</div><div>321 Commerce</div><div>Number Street</div><div>Ardmore OK 73401</div><div>City State ZIP Code</div><div>Who owes the debt? Check one.</div><div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div><div>Date debt was incurred</div></div><div><div>2022 S10 Tahoe Boat - \$51,503.36</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div><div>Nature of lien. Check all that apply.</div><div><div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div><div>Last 4 digits of account number 8355</div></div></div></div></div></div></div>
2.3	<div><div>Describe the property that secures the claim: \$ 2,700.00 \$ 51,503.36 \$ 0.00</div><div><div><div>BMO</div><div>Creditor's Name</div><div>321 Commerce</div><div>Number Street</div><div>Ardmore OK 73401</div><div>City State ZIP Code</div><div>Who owes the debt? Check one.</div><div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div><div>Date debt was incurred</div></div><div><div>2023 Trailstar - \$51,503.36</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div><div>Nature of lien. Check all that apply.</div><div><div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div><div>Last 4 digits of account number</div></div></div></div></div></div></div>
2.4	<div><div>Describe the property that secures the claim: \$ 445,077.87 \$ 539,000.00 \$ 0.00</div><div><div><div>Flagstar</div><div>Creditor's Name</div><div>P.O. Box 619063</div><div>Number Street</div><div>Dallas TX 75261</div><div>City State ZIP Code</div><div>Who owes the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div><div>Date debt was incurred</div></div><div><div>806 Skiview Lane, Sevierville, TN 37876 - \$539,000.00</div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div><div>Nature of lien. Check all that apply.</div><div><div><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div><div>Last 4 digits of account number 0207</div></div></div></div></div></div></div>

2.5	<div><div>Describe the property that secures the claim: \$ 62,954.00 \$ 55,000.00 \$ 7,954.00</div><div><div>GM Financial</div><div>Creditor's Name</div><div>P.O. Box 78143</div><div>Number Street</div><div>Phoenix AZ 85062-8143</div><div>City State ZIP Code</div><div>Who owes the debt? Check one.</div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div><div>Date debt was incurred</div></div><div><div>2023 Chevrolet Silverado - \$55,000.00</div><div>As of the date you file, the claim is: Check all that apply.</div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div><div>Nature of lien. Check all that apply.</div><div><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div><div>Last 4 digits of account number</div></div></div>
2.6	<div><div>Describe the property that secures the claim: \$ 45,300.00 \$ 0.00 \$ 45,300.00</div><div><div>SBA</div><div>Creditor's Name</div><div>P.O. Box 3918</div><div>Number Street</div><div>Portland OR 97208</div><div>City State ZIP Code</div><div>Who owes the debt? Check one.</div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div><div>Date debt was incurred</div></div><div><div>secured by business personal property - \$0.00</div><div>As of the date you file, the claim is: Check all that apply.</div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div><div>Nature of lien. Check all that apply.</div><div><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input checked="" type="checkbox"/> Other (including a right to offset) business loan</div><div>Last 4 digits of account number</div></div></div>
2.7	<div><div>Describe the property that secures the claim: \$ 558,557.12 \$ 750,000.00 \$ 0.00</div><div><div>Shellpointe</div><div>Creditor's Name</div><div>P.O. Box 619063</div><div>Number Street</div><div>Dallas TX 75261</div><div>City State ZIP Code</div><div>Who owes the debt? Check one.</div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div><div>Date debt was incurred</div></div><div><div>2119 Megans Ridge, Sevierville, TN 37876 - \$750,000.00</div><div>As of the date you file, the claim is: Check all that apply.</div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div><div>Nature of lien. Check all that apply.</div><div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div><div>Last 4 digits of account number</div></div></div>

2.8	<div>Describe the property that secures the claim: \$ 16,346.19 \$ 13,000.00 \$ 3,346.19</div> <div><div><div>South Carolina Credit Union</div><div>Creditor's Name</div><div>P.O. Box 190012</div><div>Number Street</div><div>Charleston SC 29419</div><div>City State ZIP Code</div></div><div><div>Who owes the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div></div><div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div><div><div>Date debt was incurred</div></div></div><div><div>2015 Jeep Cherokee - \$13,000.00</div><div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Nature of lien. Check all that apply.</div><div><div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div></div><div><div>Last 4 digits of account number 6021</div></div></div></div></div></div>
2.9	<div>Describe the property that secures the claim: \$ 25,067.42 \$ 24,000.00 \$ 1,067.42</div> <div><div><div>South Carolina Credit Union</div><div>Creditor's Name</div><div>P.O. Box 190012</div><div>Number Street</div><div>Charleston SC 29419</div><div>City State ZIP Code</div></div><div><div>Who owes the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div></div><div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div><div><div>Date debt was incurred</div></div></div><div><div>2016 Chevrolet Silverado - \$24,000.00</div><div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Nature of lien. Check all that apply.</div><div><div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div></div><div><div>Last 4 digits of account number 6022</div></div></div></div></div></div>
2.10	<div>Describe the property that secures the claim: \$ 563,731.16 \$ 739,000.00 \$ 0.00</div> <div><div><div>United Wholesale Mortgage</div><div>Creditor's Name</div><div>P.O. Box 77404</div><div>Number Street</div><div>Ewing</div><div>Trenton NJ 08628</div><div>City State ZIP Code</div></div><div><div>Who owes the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div></div><div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div><div><div>Date debt was incurred</div></div></div><div><div>2807 Teaberry Lane, Sevierville, TN 37862 - \$739,000.00</div><div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div><div><div>Nature of lien. Check all that apply.</div><div><div><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</div><div><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</div><div><input type="checkbox"/> Judgment lien from a lawsuit</div><div><input type="checkbox"/> Other (including a right to offset)</div></div><div><div>Last 4 digits of account number 1320</div></div></div></div></div></div>

2.11

Describe the property that secures the claim: \$ 358,982.10 \$ 550,000.00 \$ 0.00

Valon

Creditor's Name

P.O. Box 660043

Number

Street
Dallas TX 75266

City State ZIP Code

Who owes the debt? Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ **Check if this claim relates to a community debt**

Date debt was incurred _____

929 Buck Way, Sevierville, TN 37876 - \$550,000.00

As of the date you file, the claim is: Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 2,140,523.46**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number _____
 (if know)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Internal Revenue Service

Priority Creditor's Name

P.O. Box 1214

Number Street
 Charlotte NC 28201

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify 2022 taxes

Total claim	Priority amount	Nonpriority amount
\$ 52,246.00	\$ 0.00	\$ 52,246.00

2.2	<div>Internal Revenue Service</div> <div>Priority Creditor's Name</div> <div>P.O. box 1214</div> <div>Number Street</div> <div>Charlotte NC 28201</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input checked="" type="checkbox"/> Disputed</div> <div>Type of PRIORITY unsecured claim:</div> <div><input type="checkbox"/> Domestic support obligations</div> <div><input type="checkbox"/> Taxes and certain other debts you owe the government</div> <div><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</div> <div><input checked="" type="checkbox"/> Other. Specify 2020 taxes</div>	<div>\$ 20,000.00</div> <div>\$ 0.00</div> <div>\$ 20,000.00</div>
-----	--	--	--

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount	
2.3	<div>Internal Revenue Service Priority Creditor's Name P.O. Box 1214 Number Street Charlotte NC 28201 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify 2021 taxes</div>	\$ 160,000.00	\$ 0.00	\$ 160,000.00
2.4	<div>South Carolina Dept. of Revenue Priority Creditor's Name 300A Outlet Pointe Blvd. Number Street Columbia SC 29210 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify 2022 taxes</div>	\$ 5,000.00	\$ 0.00	\$ 5,000.00
2.5	<div>South Carolina Sales Tax Priority Creditor's Name 1350 Farrow Parkway Number Street Suite 200 Myrtle Beach SC 29577 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify sales tax from business</div>	\$ 190,000.00	\$ 0.00	\$ 190,000.00

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?
☐ No. You have nothing else to report in this part. Submit to the court with your other schedules.
☒ Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured

claims fill out the Continuation Page of Part 2.

Total claim

4.1	<p>Adam Matthews Nonpriority Creditor's Name</p> <p>9308 Manor Forest Lane Number Street Shafter CA 93263</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement</p>	\$ 2,492.72
4.2	<p>Adam Nguyen Nonpriority Creditor's Name</p> <p>Address Unknown Number Street</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit</p>	\$ 1,500.00
4.3	<p>Adam Pence Nonpriority Creditor's Name</p> <p>Address Unknown Number Street</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit</p>	\$ 1,300.00

4.4	<p>Aicha Darif Nonpriority Creditor's Name</p> <p>5928 6th Street Number Street Falls Church VA 22041</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement</p>	\$ <u>2,550.00</u>
4.5	<p>Andrea Alessio and Thomas Slanina Nonpriority Creditor's Name</p> <p>52 Barnsdale Road Number Street Clifton NJ 07013</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement</p>	\$ <u>7,772.00</u>
4.6	<p>Andres Jhordany Nonpriority Creditor's Name</p> <p>Address Unknown Number Street</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify deposit due per rental agreement</p>	\$ <u>1,900.00</u>

4.7	<div>Andrew and Laura Morr</div> <div>Nonpriority Creditor's Name</div> <div>434 Old Farm Trail</div> <div>Number Street</div> <div>Bryan OH 43506</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 3,187.50</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>
4.8	<div>Angelo Castillo</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 1,400.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>
4.9	<div>Anna Perla Cruz Sanchez</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 2,500.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>

4.10	<div>Anthony Hart</div> <div>Nonpriority Creditor's Name</div> <div>20 Biltmore Avenue</div> <div>Number Street</div> <div>Yonkers NY 10710</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	<div>\$ 2,550.00</div>
4.11	<div>ARS</div> <div>Nonpriority Creditor's Name</div> <div>1221 Harbour Towne Drive</div> <div>Number Street</div> <div>Myrtle Beach SC 29577</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input checked="" type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify contractor services</div></div>	<div>\$ 521.84</div>
4.12	<div>Arthur Senko</div> <div>Nonpriority Creditor's Name</div> <div>3041 Adelaide Loop</div> <div>Number Street</div> <div>Roseville CA 95747</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	<div>\$ 6,800.00</div>

4.13	Ashley Spencer Nonpriority Creditor's Name 13895 Carriage Road Number Street Nokesville VA 20181 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>2,785.95</u>
4.14	Barry Kirker Nonpriority Creditor's Name 351 Potters Road Number Street Buffalo NY 14220 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>15,200.00</u>
4.15	Barry Smith Nonpriority Creditor's Name 1680 Chandler Road Number Street Lawrenceville GA 30045 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>2,932.50</u>

4.16	Barton Brimm, PA Nonpriority Creditor's Name P.O. Box 14805 Number Street Myrtle Beach SC 29587 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify pre-petition attorney fees	\$ <u>2,099.12</u>
4.17	Beyond Pricing Nonpriority Creditor's Name 425 2nd Street, Suite 602 Number Street San Francisco CA 94107 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify cancellation fee	\$ <u>11,214.24</u>
4.18	Bianca Coimbra Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,500.00</u>

4.19	<div>Booking.com</div> <div>Nonpriority Creditor's Name</div> <div>ooster dokskade 163</div> <div>Number Street</div> <div>1011 DL</div> <div>Amsterdam, Netherlands</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input checked="" type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify third party booking agent</div></div>	\$ 25,000.00
4.20	<div>Breanna Burgess</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 1,150.00
4.21	<div>Capital One</div> <div>Nonpriority Creditor's Name</div> <div>P.O. Box 98873</div> <div>Number Street</div> <div>Las Vegas NV 89193-8873</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input checked="" type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</div></div>	\$ 400.62

4.22	Cathy Moore Nonpriority Creditor's Name 5505 Old Farm Road Number Street Gastonia NC 28056 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 1,845.65
4.23	Cedar Funding Nonpriority Creditor's Name 465 Tyler Street Number Street Monterey CA 93940 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced	\$ 80,000.00
4.24	Chris Pimentel Nonpriority Creditor's Name 19 George's Field Road Number Street Newtown CT 06470 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 4,760.00

4.25	Chris Rudisill Nonpriority Creditor's Name 609 Hounds Run Number Street Gettysburg PA 17325 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 1,989.36
4.26	Cindy Dodson dba Ponytails Forever Nonpriority Creditor's Name 3505 Vernon Woods Drive Number Street Summerfield NC 27358 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 3,850.00
4.27	Dave Robertson Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ 1,500.00

4.28	<div>David Collins</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? </div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 1,500.00
4.29	<div>Deepti Sadhwani</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? </div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 1,986.36
4.30	<div>Diana Sobbnova</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? </div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 1,500.00

4.31	<div>DW Diversey, LLC</div> <div>Nonpriority Creditor's Name</div> <div>2225 RFD</div> <div>Number Street</div> <div>Long Grove IL 60047</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 2,500.00
4.32	<div>Emin Baras</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 1,400.00
4.33	<div>Erica Craig</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 2,300.00

4.34	Erika Danielle Moore Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,800.00</u>
4.35	Gene Smith Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>2,000.00</u>
4.36	Goldman Sachs Nonpriority Creditor's Name Lockbox 6112 Number Street P.O. Box 7247 Philadelphia PA 19170-6112 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$ <u>6,521.99</u>

4.37	Green Papaya Nonpriority Creditor's Name 12808 Tournament Drive Number Street Reston VA 20191 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 12,000.00
4.38	Greg Mortier Nonpriority Creditor's Name 44 West Ham Circle Number Street North Chili NY 14514 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 2,130.00
4.39	Guang Quan LI Nonpriority Creditor's Name 55 John Street Number Street Metuchen NJ 08840 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 3,403.10

4.40	Helen McNeece Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,800.00</u>
4.41	Hope Koroly Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,100.00</u>
4.42	Horry County Hospitality Tax Nonpriority Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>13,000.00</u>

4.43	Jamaya Binns Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,500.00</u>
4.44	James Cruz Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,600.00</u>
4.45	Jean Pierce Nonpriority Creditor's Name 232 Martool Drive Number Street Woodbridge NJ 07095 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>5,100.00</u>

4.46	Jeff and Monica Briscoe Nonpriority Creditor's Name 540 Saddlebrook Lane Number Street Myrtle Beach SC 29579 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>5,096.00</u>
4.47	Jennifer Guerendo Nonpriority Creditor's Name 10099 Comith Way Number Street Avon IN 46123 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>2,209.00</u>
4.48	Jennifer Siller Nonpriority Creditor's Name 2023 Meadowridge Drive Number Street Washington PA 15301 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>1,092.37</u>

4.49	<div>Jessica Fulton</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	<div>\$ 2,000.00</div>
4.50	<div>JMW Investments</div> <div>Nonpriority Creditor's Name</div> <div>6611 W. Street Road</div> <div>Number Street</div> <div>DeMotte</div> <div>Demotte IN 46310</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	<div>\$ 12,204.69</div>
4.51	<div>Johnathon and Jessica Lippy</div> <div>Nonpriority Creditor's Name</div> <div>548 Fawnhill Drive</div> <div>Number Street</div> <div>Langhome PA 19047</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	<div>\$ 5,100.00</div>

4.52	Jora Credit Nonpriority Creditor's Name 3300 Arctic Blvd., Suite 201 Number Street PMB1100 Anchorage AK 99503 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced	\$ 3,800.00
4.53	Joseph and Tammy Sword Nonpriority Creditor's Name 20 Tamanend Road Number Street Tamaqua PA 19047 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 5,000.00
4.54	Juanita Leach Nonpriority Creditor's Name 1005 Roxbury Court Number Street Chesapeake VA 23320 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 4,404.43

4.55	<div>Juda Tracy</div> <div>Nonpriority Creditor's Name</div> <div>14 Talnuck Drive</div> <div>Number Street</div> <div>Rochester NY 14612</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 1,274.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>
4.56	<div>Karen McAfoose</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 800.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>
4.57	<div>Kari Andrade and Arthur Andrade</div> <div>Nonpriority Creditor's Name</div> <div>1123 Barred Owl Way</div> <div>Number Street</div> <div>Hillsborough NC 27278</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 1,020.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>

4.58	<div>Kendle McKeel</div> <div>Nonpriority Creditor's Name</div> <div>706 St. Croix Court</div> <div>Number Street</div> <div>Myrtle Beach SC 29572</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 2,700.00
4.59	<div>Kenneth Buckner</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>Myrtle Beach SC 29572</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 2,000.00
4.60	<div>Kevin Hill</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>Myrtle Beach SC 29572</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 1,400.00

4.61	Kevin McCarthy Nonpriority Creditor's Name Address Unknown Number Street Myrtle Beach SC 29572 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,000.00</u>
4.62	Kyle Walker Nonpriority Creditor's Name 2760 Janet Avenue Number Street North Bellmore NY 11710 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>2,300.00</u>
4.63	Laura Franco Nonpriority Creditor's Name 5024 Manchester Court Number Street Granite Bay CA 95746 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ <u>3,170.00</u>

4.64	<p>Leland Henderson Nonpriority Creditor's Name</p> <p>2583 Four Lakes Drive Number Street Blanchard OK 73010</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement</p>	\$ 600.00
4.65	<p>LG Funding Nonpriority Creditor's Name</p> <p>1218 Union Street Number Street Brooklyn NY 11225</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced</p>	\$ 75,000.00
4.66	<p>Lucas O'Conner Nonpriority Creditor's Name</p> <p>Address Unknown Number Street Myrtle Beach SC 29572</p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit</p>	\$ 1,500.00

4.67	<div>Maison Capital</div> <div>Nonpriority Creditor's Name</div> <div>50 Federal Street</div> <div>Number Street</div> <div>Boston MA 02110</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? </div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input checked="" type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced</div></div>	\$ 80,000.00
4.68	<div>Maria Chupuico</div> <div>Nonpriority Creditor's Name</div> <div>1684 Lancaster Creek Circle SW</div> <div>Number Street</div> <div>Conyers GA 30094</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? </div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 3,310.00
4.69	<div>Mark and Marybeth Okula</div> <div>Nonpriority Creditor's Name</div> <div>8 Glendfield Court</div> <div>Number Street</div> <div>Easton PA 18045</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? </div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 4,800.00

4.70	<div>Mark Serricchio</div> <div>Nonpriority Creditor's Name</div> <div>34 Edward Place</div> <div>Number Street</div> <div>Stamford CT 06905</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 2,380.00
4.71	<div>Marley Rille</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 1,500.00
4.72	<div>Melissa Lee</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 2,300.00

4.73	Mike Cerwinski Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,000.00</u>
4.74	Parkside Funding Nonpriority Creditor's Name 865 NJ-33 Business 3 Number Street Unit 192 Freehold NJ 07728 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced	\$ <u>35,000.00</u>
4.75	Patricia Chaffin Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,600.00</u>

4.76	<div>Paul Kirchuer</div> <div>Nonpriority Creditor's Name</div> <div>68 Ashwood Road</div> <div>Number Street</div> <div>Port Washington NY 11050</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 4,760.00
4.77	<div>Peter Costakos</div> <div>Nonpriority Creditor's Name</div> <div>317 Scarsdale Road</div> <div>Number Street</div> <div>Tuckahowq NY 11050</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 2,921.70
4.78	<div>Phillips Pool</div> <div>Nonpriority Creditor's Name</div> <div>705 33rd Avenue S</div> <div>Number Street</div> <div>North Myrtle Beach SC 29582</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors</div></div>	\$ 1,500.00

4.79	<div>Pier Pointe Properties</div> <div>Nonpriority Creditor's Name</div> <div>2000 Crafton Blvd.</div> <div>Number Street</div> <div>Pittsburgh PA 15205</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 716.64
4.80	<div>Pony Tails Forever</div> <div>Nonpriority Creditor's Name</div> <div>5601 Lake Lucern Court</div> <div>Number Street</div> <div>Flower Mound TX 75022</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify</div></div>	\$ 3,000.00
4.81	<div>Randolph Jacobs</div> <div>Nonpriority Creditor's Name</div> <div>425 Washington Street</div> <div>Number Street</div> <div>Unit 329</div> <div>Claremont NH 03743</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 3,200.00

4.82	<div>Ravi Vittorio</div> <div>Nonpriority Creditor's Name</div> <div>5335 N Kings Highway #1031</div> <div>Number Street</div> <div>Myrtle Beach SC 29577</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 12,000.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>
4.83	<div>Renee Rivers</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 2,000.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>
4.84	<div>Robert Ehrhardt</div> <div>Nonpriority Creditor's Name</div> <div>38426 Laurel Ride Drive</div> <div>Number Street</div> <div>Mechanicsville MD 20659</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 2,550.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>

4.85	Robert Williamson Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>15,000.00</u>
4.86	Robin Roberts Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ <u>1,500.00</u>
4.87	Roto Rooter Nonpriority Creditor's Name 136 Tanner Road Number Street Greenville SC 29607 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors	\$ <u>376.35</u>

4.88	Ryan Bulter Nonpriority Creditor's Name BC Amp RE Holdings Number Street 501 Belle Hall Parkway, Suite 101 Mount Pleasant SC 29464 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 2,300.00
4.89	Ryan O'Leary Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ 1,800.00
4.90	Sarah Daniels Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ 1,000.00

4.91	Scott Gledhill Nonpriority Creditor's Name 7471 Williamson Drive Number Street Canal Winchester OH 43110 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 3,493.73
4.92	Sherry Castillo Nonpriority Creditor's Name Address Unknown Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify security deposit	\$ 1,000.00
4.93	Silverline Funding Nonpriority Creditor's Name 265 Sunrise Highway Number Street Rockville Centre NY 11570 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced	\$ 45,000.00

4.94	Slate Funding Nonpriority Creditor's Name 15 America Avenue Number Street Lakewood NJ 08701 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced	\$ <u>30,000.00</u>
4.95	South State Bank Nonpriority Creditor's Name P.O. Box 9602 Number Street Winter Haven FL 33883 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0125 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify business overdraft	\$ <u>1,157.44</u>
4.96	South State Bank Nonpriority Creditor's Name P.O. Box 118068 Number Street Charleston SC 29423 City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$ <u>3,159.00</u>

4.97	Stephanie Lundquist Nonpriority Creditor's Name 3301 Ocean Drive Number Street Oxnard CA 93035 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 6,750.00
4.98	Stephen Sampolo Nonpriority Creditor's Name 2488 Windmill Way Number Street Myrtle Beach SC 29579 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 1,800.00
4.99	Streamline Nonpriority Creditor's Name 2035 Lakeside Centre Way Number Street Suite 204 Knoxville TN 37922 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors	\$ 11,052.65

4.100	<div>Thomas Blank</div> <div>Nonpriority Creditor's Name</div> <div>13 TobeyBRK</div> <div>Number Street</div> <div>Pittsford NY 14534</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 2,725.31
4.101	<div>Tina Carfora</div> <div>Nonpriority Creditor's Name</div> <div>1668 Haight Avenue</div> <div>Number Street</div> <div>Bronx NY 10461</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 4,590.00
4.102	<div>Tom Mastalski</div> <div>Nonpriority Creditor's Name</div> <div>564 Shumaker Drive</div> <div>Number Street</div> <div>Monroeville PA 15146</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 1,500.00

4.103	Tony Walsh Nonpriority Creditor's Name 23 Royal Street Number Street Pointe Du Chene NB Canada E4p5A4 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 3,789.32
4.104	Tresilla Boyd Mulligan Nonpriority Creditor's Name 1472 Est 87th Street Number Street Apt 1 Brooklyn NY 11236 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 3,822.00
4.105	Trong Ho Nonpriority Creditor's Name 113 Tattler Lane Number Street Mankato MN 56001 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify owed per property management agreement	\$ 2,500.00

4.106	<div>Umut Baris Balkis</div> <div>Nonpriority Creditor's Name</div> <div>Address Unknown</div> <div>Number Street</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify security deposit</div></div>	\$ 1,500.00
4.107	<div>United First LLC dba Global Funding</div> <div>Nonpriority Creditor's Name</div> <div>2701 Queens Plaza North</div> <div>Number Street Suite 802</div> <div>Long Island City NY 11101</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input checked="" type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced</div></div>	\$ 3,549.34
4.108	<div>Vishwanthini Cook</div> <div>Nonpriority Creditor's Name</div> <div>1306 Manicott Drive</div> <div>Number Street Matthews NC 28105</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>	\$ 1,345.39

4.109	<div>William Aldinger</div> <div>Nonpriority Creditor's Name</div> <div>142 Wilbur Road</div> <div>Number Street</div> <div>Stillwater NY 12170</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 5,096.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify owed per property management agreement</div></div>
4.110	<div>Wise Tack</div> <div>Nonpriority Creditor's Name</div> <div>501 2nd Street</div> <div>Number Street</div> <div>Suite 100</div> <div>San Francisco CA 94107</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 15,000.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input checked="" type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors</div></div>
4.111	<div>Xplorie</div> <div>Nonpriority Creditor's Name</div> <div>534 Harbor Blvd.</div> <div>Number Street</div> <div>Unit 301</div> <div>Destin FL 32541</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input checked="" type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim relates to a community debt</div></div> <div>Is the claim subject to offset?</div> <div><div><input checked="" type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>\$ 54,000.00</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div> <div>Type of NONPRIORITY unsecured claim:</div> <div><div><input type="checkbox"/> Student loans</div><div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div><div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div><div><input checked="" type="checkbox"/> Other. Specify advertising for business, guarantee</div></div>

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

David Haar, Esq. and Michael Gherard, Esq.
Creditor's Name
Longbay Law Firm
Number Street
1800 North Oak Street

Myrtle Beach SC 29577
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Last 4 digits of account number

James Thomas Austin, Esq.
Creditor's Name
4593 Oleander Drive, Unit C
Number Street
Myrtle Beach SC 29577
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims
Last 4 digits of account number

Jennifer Gutai Comella, Esq.
Creditor's Name
Hand Arendall Harrison Sale, LLC
Number Street
35008 Emerald Coast Parkway, Suite 500

Destin FL 32541
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.111 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims
Last 4 digits of account number

Jonah Rabovsky
Creditor's Name
Isaac H. Greenfield, PLLC
Number Street
2 Executive Blvd., Suite 305

Suffern NY 10901
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 4.67 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims
Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 427,246.00
	6e. Total. Add lines 6a through 6d.	6e. \$ 427,246.00

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 776,858.31
	6j. Total. Add lines 6f through 6i.	6j. \$ 776,858.31

Fill in this information to identify your case:			
Debtor 1	Paul Chadwick Allman Sr.		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of South Carolina			
Case number			
(if know)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number _____
(if know)

☐ Check if this is
an amended
filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line 4.1 <input type="checkbox"/> Schedule G, line ____
3.2	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line 4.9 <input type="checkbox"/> Schedule G, line ____
3.3	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line 4.6 <input type="checkbox"/> Schedule G, line ____
3.4	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line 4.69 <input type="checkbox"/> Schedule G, line ____

3.5	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.74</u> <input type="checkbox"/> Schedule G, line ____
3.6	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.76</u> <input type="checkbox"/> Schedule G, line ____
3.7	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.81</u> <input type="checkbox"/> Schedule G, line ____
3.8	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.94</u> <input type="checkbox"/> Schedule G, line ____
3.9	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.17</u> <input type="checkbox"/> Schedule G, line ____
3.10	Debra Allman Name 4182 Setter Court Street Myrtle Beach SC 29579 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.4</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.11	Debra Allman Name 4182 Setter Court Street Myrtle Beach SC 29579 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.11</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.12	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.80</u> <input type="checkbox"/> Schedule G, line ____
3.13	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.2</u> <input type="checkbox"/> Schedule G, line ____

3.14	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.7</u> <input type="checkbox"/> Schedule G, line ____
3.15	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.10</u> <input type="checkbox"/> Schedule G, line ____
3.16	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.79</u> <input type="checkbox"/> Schedule G, line ____
3.17	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.11</u> <input type="checkbox"/> Schedule G, line ____
3.18	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.107</u> <input type="checkbox"/> Schedule G, line ____
3.19	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.110</u> <input type="checkbox"/> Schedule G, line ____
3.20	Debra Allman Name 4182 Setter Court Street Myrtle Beach SC 29579 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.7</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.21	Debra Allman Name 4182 Setter Court Street Myrtle Beach SC 29579 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.10</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.22	Debra Allman Name 4182 Setter Court Street Myrtle Beach SC 29579 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.9</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____

3.23	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.5</u> <input type="checkbox"/> Schedule G, line ____
3.24	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.12</u> <input type="checkbox"/> Schedule G, line ____
3.25	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.108</u> <input type="checkbox"/> Schedule G, line ____
3.26	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.109</u> <input type="checkbox"/> Schedule G, line ____
3.27	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.13</u> <input type="checkbox"/> Schedule G, line ____
3.28	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.49</u> <input type="checkbox"/> Schedule G, line ____
3.29	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.64</u> <input type="checkbox"/> Schedule G, line ____
3.30	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.65</u> <input type="checkbox"/> Schedule G, line ____
3.31	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.14</u> <input type="checkbox"/> Schedule G, line ____

3.32	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.15</u> <input type="checkbox"/> Schedule G, line ____
3.33	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.19</u> <input type="checkbox"/> Schedule G, line ____
3.34	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.48</u> <input type="checkbox"/> Schedule G, line ____
3.35	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.67</u> <input type="checkbox"/> Schedule G, line ____
3.36	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.22</u> <input type="checkbox"/> Schedule G, line ____
3.37	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.31</u> <input type="checkbox"/> Schedule G, line ____
3.38	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.68</u> <input type="checkbox"/> Schedule G, line ____
3.39	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.72</u> <input type="checkbox"/> Schedule G, line ____
3.40	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.84</u> <input type="checkbox"/> Schedule G, line ____

3.41	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.91</u> <input type="checkbox"/> Schedule G, line ____
3.42	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.102</u> <input type="checkbox"/> Schedule G, line ____
3.43	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.111</u> <input type="checkbox"/> Schedule G, line ____
3.44	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.23</u> <input type="checkbox"/> Schedule G, line ____
3.45	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.24</u> <input type="checkbox"/> Schedule G, line ____
3.46	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.93</u> <input type="checkbox"/> Schedule G, line ____
3.47	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.97</u> <input type="checkbox"/> Schedule G, line ____
3.48	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.98</u> <input type="checkbox"/> Schedule G, line ____
3.49	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.100</u> <input type="checkbox"/> Schedule G, line ____

3.50	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.101</u> <input type="checkbox"/> Schedule G, line ____
3.51	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.99</u> <input type="checkbox"/> Schedule G, line ____
3.52	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.103</u> <input type="checkbox"/> Schedule G, line ____
3.53	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.105</u> <input type="checkbox"/> Schedule G, line ____
3.54	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.25</u> <input type="checkbox"/> Schedule G, line ____
3.55	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.33</u> <input type="checkbox"/> Schedule G, line ____
3.56	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.46</u> <input type="checkbox"/> Schedule G, line ____
3.57	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.47</u> <input type="checkbox"/> Schedule G, line ____
3.58	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.50</u> <input type="checkbox"/> Schedule G, line ____

3.59	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.52</u> <input type="checkbox"/> Schedule G, line ____
3.60	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.54</u> <input type="checkbox"/> Schedule G, line ____
3.61	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.28</u> <input type="checkbox"/> Schedule G, line ____
3.62	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.41</u> <input type="checkbox"/> Schedule G, line ____
3.63	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.71</u> <input type="checkbox"/> Schedule G, line ____
3.64	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.88</u> <input type="checkbox"/> Schedule G, line ____
3.65	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.92</u> <input type="checkbox"/> Schedule G, line ____
3.66	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.26</u> <input type="checkbox"/> Schedule G, line ____
3.67	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City State ZIP Code	SC 29577	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.29</u> <input type="checkbox"/> Schedule G, line ____

3.68	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.37</u> <input type="checkbox"/> Schedule G, line ____
3.69	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.44</u> <input type="checkbox"/> Schedule G, line ____
3.70	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.45</u> <input type="checkbox"/> Schedule G, line ____
3.71	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.51</u> <input type="checkbox"/> Schedule G, line ____
3.72	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.53</u> <input type="checkbox"/> Schedule G, line ____
3.73	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.62</u> <input type="checkbox"/> Schedule G, line ____
3.74	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.63</u> <input type="checkbox"/> Schedule G, line ____
3.75	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.66</u> <input type="checkbox"/> Schedule G, line ____
3.76	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach City	SC 29577 State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.86</u> <input type="checkbox"/> Schedule G, line ____

3.77	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.106</u> <input type="checkbox"/> Schedule G, line ____
3.78	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.38</u> <input type="checkbox"/> Schedule G, line ____
3.79	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.55</u> <input type="checkbox"/> Schedule G, line ____
3.80	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.77</u> <input type="checkbox"/> Schedule G, line ____
3.81	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.78</u> <input type="checkbox"/> Schedule G, line ____
3.82	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.82</u> <input type="checkbox"/> Schedule G, line ____
3.83	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.87</u> <input type="checkbox"/> Schedule G, line ____
3.84	Debra Allman Name 4182 Setter Court Street Myrtle Beach SC 29579 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.8</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.85	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.30</u> <input type="checkbox"/> Schedule G, line ____

3.86	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.58</u> <input type="checkbox"/> Schedule G, line ____
3.87	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.70</u> <input type="checkbox"/> Schedule G, line ____
3.88	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.39</u> <input type="checkbox"/> Schedule G, line ____
3.89	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.42</u> <input type="checkbox"/> Schedule G, line ____
3.90	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.57</u> <input type="checkbox"/> Schedule G, line ____
3.91	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.6</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.92	Escape Property Management Name 515 Highway 501 Suite A Street MYRTLE BEACH SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.104</u> <input type="checkbox"/> Schedule G, line ____
3.93	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.3</u> <input type="checkbox"/> Schedule G, line ____
3.94	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.18</u> <input type="checkbox"/> Schedule G, line ____

3.95	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.32</u> <input type="checkbox"/> Schedule G, line ____
3.96	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.34</u> <input type="checkbox"/> Schedule G, line ____
3.97	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.90</u> <input type="checkbox"/> Schedule G, line ____
3.98	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.20</u> <input type="checkbox"/> Schedule G, line ____
3.99	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.83</u> <input type="checkbox"/> Schedule G, line ____
3.100	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.35</u> <input type="checkbox"/> Schedule G, line ____
3.101	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.75</u> <input type="checkbox"/> Schedule G, line ____
3.102	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.4</u> <input type="checkbox"/> Schedule G, line ____
3.103	Escape Property Management Name 515 Highway 501 Suite A Street Myrtle Beach SC 29577 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.40</u> <input type="checkbox"/> Schedule G, line ____

3.104	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.56</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.105	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.8</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.106	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.60</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.107	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.85</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.108	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.27</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.109	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.59</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.110	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.89</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.111	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.43</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.112	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.61</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code

3.113	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.73</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code
3.114	Escape Property Management	<input type="checkbox"/> Schedule D, line ____
	Name	<input checked="" type="checkbox"/> Schedule E/F, line <u>4.95</u>
	515 Highway 501 Suite A	<input type="checkbox"/> Schedule G, line ____
	Street	
	Myrtle Beach	SC 29577
	City	State ZIP Code

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.

First Name	Middle Name	Last Name

Debtor 2 _____

First Name	Middle Name	Last Name

(Spouse, if filing)

United States Bankruptcy Court for the: District of South Carolina

Case number _____

(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

Debtor 2 or non-filing spouse

☐ Employed
☒ Not employed

☒ Employed
☐ Not employed

Number	Street
--------	--------

Publix	
Number	Street
2170 Oakheart Road	

City	State	ZIP Code
------	-------	----------

Myrtle Beach, SC 29579

How long employed there?

3 weeks

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00

\$ 1,400.00

3. **Estimate and list monthly overtime pay.**

3.	+\$	0.00
----	-----	------

+ \$ 0.00

4. **Calculate gross income.** Add line 2 + line 3.

4.	\$	0.00
----	----	------

\$ 1,400.00

Debtor 1

Paul Chadwick Allman Sr.

Document Page 128 of 158

First Name

Middle Name

Last Name

For Debtor 1

For Debtor 2 or
non-filing spouse

Copy line 4 here..... → 4.

\$ 0.00

\$ 1,400.00

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ 0.00

\$ 300.00

5b. Mandatory contributions for retirement plans

5b. \$ 0.00

\$ 0.00

5c. Voluntary contributions for retirement plans

5c. \$ 0.00

\$ 0.00

5d. Required repayments of retirement fund loans

5d. \$ 0.00

\$ 0.00

5e. Insurance

5e. \$ 0.00

\$ 0.00

5f. Domestic support obligations

5f. \$ 0.00

\$ 0.00

5g. Union dues

5g. \$ 0.00

\$ 0.00

5h. Other deductions. Specify: _____

5h. + \$ 0.00

+ \$ 0.00

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ 0.00

\$ 300.00

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 0.00

\$ 1,100.00

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 4,000.00

\$ 4,000.00

8b. Interest and dividends

8b. \$ 0.00

\$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00

\$ 0.00

8d. Unemployment compensation

8d. \$ 0.00

\$ 0.00

8e. Social Security

8e. \$ 0.00

\$ 0.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ 0.00

\$ 0.00

8g. Pension or retirement income

8g. \$ 0.00

\$ 0.00

8h. Other monthly income. Specify: mineral rights

8h. + \$ 200.00

+ \$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 4,200.00

\$ 4,000.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 4,200.00

+ \$ 5,100.00

\$ 9,300.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + \$ _____

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 9,300.00

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No. The Debtor will be seeking employment.☒ Yes. Explain:

Fill in this information to identify your case:

Debtor 1	Paul Chadwick Allman Sr.		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of South Carolina			
(State)			
Case number (If known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 83.33

4b. Property, homeowner's, or renter's insurance

4b. \$ 200.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 150.00

4d. Homeowner's association or condominium dues

4d. \$ 80.00

Debtor 1

Paul Chadwick Allman Sr.

First Name

Middle Name

Last Name

Case number (if known)

	Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5. \$ 0.00
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ 150.00
6b. Water, sewer, garbage collection	6b. \$ 100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 700.00
6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 1,500.00
8. Childcare and children's education costs	8. \$ 0.00
9. Clothing, laundry, and dry cleaning	9. \$ 0.00
10. Personal care products and services	10. \$ 100.00
11. Medical and dental expenses	11. \$ 0.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 700.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 100.00
14. Charitable contributions and religious donations	14. \$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 129.00
15b. Health insurance	15b. \$ 150.00
15c. Vehicle insurance	15c. \$ 650.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ 1,197.84
17b. Car payments for Vehicle 2	17b. \$ 599.00
17c. Other. Specify: <u>2016 Chevrolet Silverado</u>	17c. \$ 1,100.00
17d. Other. Specify: <u>2022 S10 Tahoe Boat</u>	17d. \$ 316.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 150.00
20e. Homeowner's association or condominium dues	20e. \$ 250.00

Debtor 1 Paul Chadwick Allman Sr.
 First Name Middle Name Last Name

Case number (if known)

21. **Other.** Specify: _____

21. +\$ 0.00
 +\$
 +\$

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 8,405.17

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$

22c. \$ 8,405.17

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 9,300.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 8,405.17

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 894.83

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Selling or surrendering excess vehicles; selling home investment properties to fund plan; lowering cell phone bill and car insurance.

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the District of South Carolina

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Paul Chadwick Allman Sr.
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 05/14/2024
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number _____
(if known)

☐ Check if this is
an amended
filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H)

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply	Sources of income Check all that apply
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ 0.00 <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, 2023)	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ 0.00 <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, 2022)	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ 308,361.00 <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ _____ <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Debtor

Paul Chadwick Allman Sr.

First Name Middle Name Last Name

Document Page 134 of 158

Case number(if known)

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	gross rent	\$ 68,838.00		
	mineral rights	\$ 1,448.00		
For last calendar year:	gross rent	\$ 158,911.00		
(January 1 to December 31, 2023)	mineral rights	\$ 2,174.00		
For the calendar year before that:	gross rent	\$ 58,308.00		
(January 1 to December 31, 2022)	mineral rights	\$ 1,517.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy
6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No.

☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No.

☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

Debtor

Paul Chadwick Allman Sr.

First Name Middle Name Last Name

Document Page 135 of 158

Case number(if known)

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title: _____ Case number: <u>2024CV-26-1040347</u>	business debt owned to owners Surfside Magistrate Court Court Name 829 Pine Drive Number Street Myrtle Beach SC 29575 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: <u>XPLORIE, LLC v. Escape Property Management</u> Case number: <u>2024 CA 001179F</u>	; Date filed: 04/23/2024 Circuit Court of Okaloosa County, FL Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: _____ Case number: <u>2024CV-26-1091508</u>	business debt owed to owners Myrtle Beach Magistrate Court Court Name 1101 N. Oak Street Number Street Myrtle Beach SC 29577 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: _____ Case number: <u>2024CV-26-1091509</u>	security deposit Myrtle Beach Magistrate Court Court Name 1101 N. Oak Street Number Street Myrtle Beach SC 29577 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: _____ Case number: <u>2024-CP-26-02842</u>	business debt owed to owners Horry County Common Pleas Court Name 1301 2nd Avenue Number Street Conway SC 29526 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: _____ Case number: <u>2024CV-26-1091507</u>	business debt owed to owners Myrtle Beach Magistrate Court Court Name 1101 N. Oak Street Number Street Myrtle Beach SC 29577 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title: _____ Case number: <u>2024-CV-26-1091400</u>	business debt owed to owners Myrtle Beach Magistrate Court Court Name 1101 N. Oak Street Number Street Myrtle Beach SC 29577 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor

Paul Chadwick Allman Sr.

First Name Middle Name Last Name

Document Page 136 of 158

Case number(if known)

Case title: _____

Case number: _____

2024-CV-26-1040629Surfside Magistrate Court

Court Name

829 Pine Drive

Number Street

Surfside Beach SC 29575

City State ZIP Code

- ☒ Pending
☐ On appeal
☐ Concluded

Case title: _____

Case number: _____

2024CV-26-1071062Conway Magistrate Court

Court Name

4150 J. Reuben Long

Number Street

Conway SC 29526

City State ZIP Code

- ☒ Pending
☐ On appeal
☐ Concluded

Case title: _____

Case number: _____

2024-CV-26-1090781Central Jury Court

Court Name

1201 3rd Avenue

Number Street

Conway SC 29526

City State ZIP Code

- ☒ Pending
☐ On appeal
☐ Concluded

Case title: _____

Case number: _____

2024CV-26-1091481Myrtle Beach Magistrate Court

Court Name

1101 N. Oak Street

Number Street

Myrtle Beach SC 29577

City State ZIP Code

- ☒ Pending
☐ On appeal
☐ Concluded

Case title: _____

Case number: _____

2024-CV-26-1030201Little River Magistrate Court

Court Name

Number Street

City State ZIP Code

- ☒ Pending
☐ On appeal
☐ Concluded

Case title: _____

Case number: _____

2024CV-26-1091506

; Date filed: 04/29/2024

Myrtle Beach Magistrate Court

Court Name

Number Street

City State ZIP Code

- ☒ Pending
☐ On appeal
☐ Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Barton Brimm, PA Person Who Was Paid P.O. Box 14805 Number Street Myrtle Beach SC 29587 City State ZIP Code Email or website address Person Who Made the Payment, if Not You	\$12,000.00 attorney fees and \$1,738.00 for filing fee paid; pre-petition payment of \$8,320.00 on May 3, 2024; and pre-petition payment of \$5,418.00 on May 13, 2024 which included the filing fee of \$1,738.00, and there remains a pre-petition balance of \$2,099.12.	4/5/2024	\$ 13,738.00 \$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☒ Yes. Fill in the details.

Where is the property?			Describe the property	Value
Wife and mother-in-law Owner's Name			some furnishings in home belong to wife; some belong to mother-in-law.	\$ <u>Unknown</u>
Number	Street	Number		
City	State	ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Debtor

Paul Chadwick Allman Sr.

First Name Middle Name Last Name

Document Page 139 of 158

Case number(if known)

Escape Property Management, LLC Business Name 515 Highway 501 Number Street Suite A Myrtle Beach SC 29577 City State ZIP Code	Describe the nature of the business property management Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. EIN: 8 6 - 1 6 3 2 8 2 6 Dates business existed From 01/01/2019 To 05/10/2024
---	--	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Paul Chadwick Allman Sr.

Signature of Debtor 1

X

Signature of Debtor 2

Date 05/14/2024

Date _____

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Paul Chadwick Allman Sr.
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☒ **Married and your spouse is NOT filing with you.** Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2								
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 0.00	\$ 1,400.00								
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00								
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00								
5. Net income from operating a business, profession, or farm	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions) \$ 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses - \$ 0.00</td> <td>- \$ 0.00</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm \$ 0.00</td> <td>\$ 0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions) \$ 0.00	\$ 0.00	Ordinary and necessary operating expenses - \$ 0.00	- \$ 0.00	Net monthly income from a business, profession, or farm \$ 0.00	\$ 0.00	Copy here → \$ 0.00
Debtor 1	Debtor 2									
Gross receipts (before all deductions) \$ 0.00	\$ 0.00									
Ordinary and necessary operating expenses - \$ 0.00	- \$ 0.00									
Net monthly income from a business, profession, or farm \$ 0.00	\$ 0.00									
6. Net income from rental and other real property	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions) \$ 4,000.00</td> <td>\$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses - \$ 0.00</td> <td>- \$ 0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property \$ 4,000.00</td> <td>\$ 0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions) \$ 4,000.00	\$ 0.00	Ordinary and necessary operating expenses - \$ 0.00	- \$ 0.00	Net monthly income from rental or other real property \$ 4,000.00	\$ 0.00	Copy here → \$ 4,000.00
Debtor 1	Debtor 2									
Gross receipts (before all deductions) \$ 4,000.00	\$ 0.00									
Ordinary and necessary operating expenses - \$ 0.00	- \$ 0.00									
Net monthly income from rental or other real property \$ 4,000.00	\$ 0.00									

Debtor 1 Paul Chadwick Allman Sr. Case number (if known) _____
 First Name Middle Name Last Name

Column A Debtor 1	Column B Debtor 2
----------------------	----------------------

7. Interest, dividends, and royalties

\$ 0.00	\$ 0.00
---------	---------

8. Unemployment compensation

\$ 0.00	\$ 0.00
---------	---------

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: _____ ↓

For you _____ \$ _____

For your spouse _____ \$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

0.00	0.00
\$ _____	\$ _____

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

mineral rights

200.00	0.00
\$ _____	\$ _____
0.00	0.00
\$ _____	\$ _____
+ 0.00	+ 0.00
+ \$ _____	+ \$ _____

Total amounts from separate pages, if any.

\$ 4,200.00	+	\$ 1,400.00	=	\$ 5,600.00
-------------	---	-------------	---	-------------

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

Total current
monthly income

Part 2: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Paul Chadwick Allman Sr.

Signature of Debtor 1

05/14/2024

Date
MM / DD / YYYY

X

Signature of Debtor 2

05/14/2024

Date
MM / DD / YYYY

Adam Matthews
9308 Manor Forest Lane
Shafter, CA 93263

Adam Nguyen
Address Unknown

Adam Pence
Address Unknown

Aicha Darif
5928 6th Street
Falls Church, VA 22041

Ally Financial
P.O. Box 71119
Charlotte, NC 28272

Andrea Allessio and Thomas Slanina
52 Barnsdale Road
Clifton, NJ 07013

Andres Jhordany
Address Unknown

Andrew and Laura Morr
434 Old Farm Trail
Bryan, OH 43506

Angelo Castillo
Address Unknown

Anna Perla Cruz Sanchez
Address Unknown

Anthony Hart
20 Biltmore Avenue
Yonkers, NY 10710

ARS
1221 Harbour Towne Drive
Myrtle Beach, SC 29577

Arthur Senko
3041 Adelaide Loop
Roseville, CA 95747

Ashley Spencer
13895 Carriage Road
Nokesville, VA 20181

Barry Kirker
351 Potters Road
Buffalo, NY 14220

Barry Smith
1680 Chandler Road
Lawrenceville, GA 30045

Barton Brimm, PA
P.O. Box 14805
Myrtle Beach, SC 29587

Beyond Pricing
425 2nd Street, Suite 602
San Francisco, CA 94107

Bianca Coimbra
Address Unknown

BMO
321 Commerce
Ardmore, OK 73401

Booking.com
ooster dokskade 163
1011 DL
Amsterdam, Netherlands,

Breanna Burgess
Address Unknown

Capital One
P.O. Box 98873
Las Vegas, NV 89193-8873

Cathy Moore
5505 Old Farm Road
Gastonia, NC 28056

Cedar Funding
465 Tyler Street
Monterey, CA 93940

Chris Pimentel
19 George's Field Road
Newtown, CT 06470

Chris Rudisill
609 Hounds Run
Gettysburg, PA 17325

Cindy Dodson dba Ponytails Forever
3505 Vernon Woods Drive
Summerfield, NC 27358

Dave Robertson
Address Unknown

David Collins
Address Unknown

David Haar, Esq. and Michael Gherard, Esq.
Longbay Law Firm
1800 North Oak Street
Myrtle Beach, SC 29577

Debra Allman
4182 Setter Court
Myrtle Beach, SC 29579

Deepti Sadhwani
Address Unknown

Diana Sobbnova
Address Unknown

DW Diversey, LLC
2225 RFD
Long Grove, IL 60047

Emin Baras
Address Unknown

Erica Craig
Address Unknown

Erika Danielle Moore
Address Unknown

Escape Property Management
515 Highway 501
Suite A
Myrtle Beach, SC 29577

Escape Property Management
515 Highway 501
Suite A
MYRTLE BEACH, SC 29577

Flagstar
P.O. Box 619063
Dallas, TX 75261

Gene Smith
Address Unknown

GM Financial
P.O. Box 78143
Phoenix, AZ 85062-8143

Goldman Sachs
Lockbox 6112
P.O. Box 7247
Philadelphia, PA 19170-6112

Green Papaya
12808 Tournament Drive
Reston, VA 20191

Greg Mortier
44 West Ham Circle
North Chili, NY 14514

Guang Quan LI
55 John Street
Metuchen, NJ 08840

Helen McNeece
Address Unknown

Hope Koroly
Address Unknown

Horry County Hospitality Tax

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201

Internal Revenue Service
P.O. box 1214
Charlotte, NC 28201

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201

Itria Ventures
One Penn Plaza
Suite 4530
New York, NY 10119

Jamaya Binns
Address Unknown

James Cruz
Address Unknown

James Thomas Austin, Esq.
4593 Oleander Drive, Unit C
Myrtle Beach, SC 29577

Jean Pierce
232 Martool Drive
Woodbridge, NJ 07095

Jeff and Monica Briscoe
540 Saddlebrook Lane
Myrtle Beach, SC 29579

Jennifer Guerendo
10099 Comith Way
Avon, IN 46123

Jennifer Gutai Comella, Esq.
Hand Arendall Harrison Sale, LLC
35008 Emerald Coast Parkway, Suite 500
Destin, FL 32541

Jennifer Siller
2023 Meadowridge Drive
Washington, PA 15301

Jessica Fulton
Address Unknown

JMW Investments
6611 W. Street Road
DeMotte
Demotte, IN 46310

Johnathon and Jessica Lippy
548 Fawnhill Drive
Langhome, PA 19047

Jonah Rabovsky
Isaac H. Greenfield, PLLC
2 Executive Blvd., Suite 305
Suffern, NY 10901

Jora Credit
3300 Arctic Blvd., Suite 201
PMB1100
Anchorage, AK 99503

Joseph and Tammy Sword
20 Tamanend Road
Tamaqua, PA 19047

Juanita Leach
1005 Roxbury Court
Chesapeake, VA 23320

Juda Tracy
14 Talnuck Drive
Rochester, NY 14612

Karen McAfoose
Address Unknown

Kari Andrade and Arthur Andrade
1123 Barred Owl Way
Hillsborough, NC 27278

Kendle McKeel
706 St. Croix Court
Myrtle Beach, SC 29572

Kenneth Buckner
Address Unknown
Myrtle Beach, SC 29572

Kevin Hill
Address Unknown
Myrtle Beach, SC 29572

Kevin McCarthy
Address Unknown
Myrtle Beach, SC 29572

Kyle Walker
2760 Janet Avenue
North Bellmore, NY 11710

Laura Franco
5024 Manchester Court
Granite Bay, CA 95746

Leland Henderson
2583 Four Lakes Drive
Blanchard, OK 73010

LG Funding
1218 Union Street
Brooklyn, NY 11225

Lucas O'Conner
Address Unknown
Myrtle Beach, SC 29572

Maison Capital
50 Federal Street
Boston, MA 02110

Maria Chupuico
1684 Lancaster Creek Circle SW
Conyers, GA 30094

Mark and Marybeth Okula
8 Glendfield Court
Easton, PA 18045

Mark Serricchio
34 Edward Place
Stamford, CT 06905

Marley Rille
Address Unknown

Melissa Lee
Address Unknown

Mike Cerwinski
Address Unknown

Parkside Funding
865 NJ-33 Business 3
Unit 192
Freehold, NJ 07728

Patricia Chaffin
Address Unknown

Paul Kirchuer
68 Ashwood Road
Port Washington, NY 11050

Peter Costakos
317 Scarsdale Road
Tuckahowq, NY 11050

Phillips Pool
705 33rd Avenue S
North Myrtle Beach, SC 29582

Pier Pointe Properties
2000 Crafton Blvd.
Pittsburgh, PA 15205

Pony Tails Forever
5601 Lake Lucern Court
Flower Mound, TX 75022

Randolph Jacobs
425 Washington Street
Unit 329
Claremont, NH 03743

Ravi Vittorio
5335 N Kings Highway #1031
Myrtle Beach, SC 29577

Renee Rivers
Address Unknown

Robert Ehrhardt
38426 Laurel Ride Drive
Mechanicsville, MD 20659

Robert Williamson
Address Unknown

Robin Roberts
Address Unknown

Roto Rooter
136 Tanner Road
Greenville, SC 29607

Ryan Bulter
BC Amp RE Holdings
501 Belle Hall Parkway, Suite 101
Mount Pleasant, SC 29464

Ryan O'Leary
Address Unknown

Samarah Daniels
Address Unknown

SBA
P.O. Box 3918
Portland, OR 97208

Scott Gledhill
7471 Williamson Drive
Canal Winchester, OH 43110

Shellpointe
P.O. Box 619063
Dallas, TX 75261

Sherry Castillo
Address Unknown

Silverline Funding
265 Sunrise Highway
Rockville Centre, NY 11570

Slate Funding
15 America Avenue
Lakewood, NJ 08701

South Carolina Credit Union
P.O. Box 190012
Charleston, SC 29419

South Carolina Dept. of Revenue
300A Outlet Pointe Blvd.
Columbia, SC 29210

South Carolina Sales Tax
1350 Farrow Parkway
Suite 200
Myrtle Beach, SC 29577

South State Bank
P.O. Box 118068
Charleston, SC 29423

South State Bank
P.O. Box 9602
Winter Haven, FL 33883

Stephanie Lundquist
3301 Ocean Drive
Oxnard, CA 93035

Stephen Sampolo
2488 Windmill Way
Myrtle Beach, SC 29579

Streamline
2035 Lakeside Centre Way
Suite 204
Knoxville, TN 37922

Thomas Blank
13 TobeyBRK
Pittsford, NY 14534

Tina Carfora
1668 Haight Avenue
Bronx, NY 10461

Tom Mastalski
564 Shumaker Drive
Monroeville, PA 15146

Tony Walsh
23 Royal Street
Pointe Du Chene NB Canada E4p5A4,

Tresilla Boyd Mulligan
1472 Est 87th Street
Apt 1
Brooklyn, NY 11236

Trong Ho
113 Tattler Lane
Mankato, MN 56001

Umut Baris Balkis
Address Unknown

United First LLC dba Global Funding
2701 Queens Plaza North
Suite 802
Long Island City, NY 11101

United Wholesale Mortgage
P.O. Box 77404
Ewing
Trenton, NJ 08628

Valon
P.O. Box 660043
Dallas, TX 75266

Vishwanthini Cook
1306 Manicott Drive
Matthews, NC 28105

William Aldinger
142 Wilbur Road
Stillwater, NY 12170

Wise Tack
501 2nd Street
Suite 100
San Francisco, CA 94107

Xplorie
534 Harbor Blvd.
Unit 301
Destin, FL 32541

United States Bankruptcy Court
District of South Carolina

In re: Paul Chadwick Allman Sr.

Case No.

Chapter 11

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 05/14/2024

/s/ Paul Chadwick Allman Sr.

Signature of Debtor

Signature of Joint Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as “incurred by an individual
primarily for a personal, family, or
household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file
under one of four different chapters of the
Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan
for family farmers or
fishermen
- Chapter 13— Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their
debts and who are willing to allow their non-
exempt property to be used to pay their
creditors. The primary purpose of filing under
chapter 7 is to have your debts discharged. The
bankruptcy discharge relieves you after
bankruptcy from having to pay many of your
pre-bankruptcy debts. Exceptions exist for
particular debts, and liens on property may still
be enforced after discharge. For example, a
creditor may have the right to foreclose a home
mortgage or repossess an automobile.

However, if the court finds that you have
committed certain kinds of improper conduct
described in the Bankruptcy Code, the court
may deny your discharge.

You should know that even if you file
chapter 7 and you receive a discharge, some
debts are not discharged under the law.
Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement
obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court

District of South Carolina

In re Paul Chadwick Allman Sr.

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☐ FLAT FEE

For legal services, I have agreed to accept \$ _____

Prior to the filing of this statement I have received. \$ _____

Balance Due. \$ _____

☒ RETAINER

For legal services, I have agreed to accept a retainer of \$ ^{12,000.00} _____

The undersigned shall bill against the retainer at an hourly rate of \$ ^{400.00} _____

[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) brother-in-law

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify) Debtor

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]
See Employment Application.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
See Employment Application

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/14/2024

/s/ Christine E. Brimm, SC 6569 / FED 6313

Date

Signature of Attorney

Barton Brimm, PA

Name of law firm
P.O. Box 14805
Myrtle Beach, SC 29587

**ATTACHMENT TO DISCLOSURE OF COMPENSATION OF ATTORNEY FOR
DEBTOR**

Retainer and Filing Fee Amount	<u>\$13,378.00</u>
Amount applied to Pre- Petition fees	-\$12,000.00
Amount applied for filing Fee	-\$1,738.00
RETAINER BALANCE	\$0
 Pre-petition balance owed	 \$ - 2,099.12

CHRISTINE E. BRIMM
*Certified Specialist in Bankruptcy
and Debtor-Creditor Law*

cbrimm@bartonbrimm.com


BARTON • BRIMM
P.O. Box 14805
Myrtle Beach, SC 29587
(803) 256-6582
www.bartonbrimm.com

BARBARA GEORGE BARTON
Retired

April 19, 2024

Paul Allman
VIA E-MAIL escapemb.info@gmail.com

RE: Amended Agreement for Legal Services

Dear Mr. Allman:

This confirms the agreement between you ("You") and Barton Brimm, PA (the "Firm"), pursuant to which the Firm has agreed to represent You. This representation will involve advice and counseling concerning your financial matters and the filing of a Chapter 11 bankruptcy for You, and representation of You during the Chapter 11 case. Representation pursuant to this Agreement includes only the individual signing this Agreement and only in Your capacity as an individual. It does not include the representation of any entity.

This confirms that the Firm has received an initial retainer in the amount of \$12,000.00, plus the additional amount of \$1,738.00 for the filing fee to be paid to the Bankruptcy Court. The Firm may request that the retainer be replenished from time to time, as needed, and You agree to provide such additional retainer amounts as may be requested. The Firm shall send an informational invoice to You including a detailed daily description of its time, charges and reimbursable expenses by the fifteenth (15th) day of each month for services performed and expenses incurred during the preceding calendar month. The Firm shall charge against its Retainer the invoice amount on the date each invoice is sent or, after a bankruptcy is filed on your behalf, only upon approval by the Bankruptcy Court. Fees shall be charged for the time expended by attorney Christine Brimm at the rate of \$400.00 per hour and by paralegal Connie Fraser at the rate of \$150.00 per hour. If the Firm increases its hourly rates at any time during the course of this representation, the higher rate shall be deemed substituted for the initial rates described in this agreement.

The expenses chargeable against the retainer may include, among other items, filing fees, deposition expenses, expert witness fees, subpoena and service of process fees, cost of transcripts, document production and reproducing costs, charges for toll and parking, mailing costs, expedited mail or delivery services, fax and telecopier expenses, messenger services, and the cost involved in hiring accountants, actuaries or appraisers if necessary. You agree that, to the extent the retainer is insufficient to pay the amount incurred in fees and expenses, You will pay all additional amounts as incurred.

You acknowledge that the Retainer does not represent a fixed amount for the legal representation, but is instead a security retainer. You will be billed at the hourly rate for all time incurred in this matter.

You agree that You will perform fully and conscientiously all of the statutory duties of the debtor under the Bankruptcy Code, and that You will timely comply with all reasonable requests for information or reports requested by the Firm, by the subchapter V trustee and by the United States Trustee. These duties include gathering and reviewing all of the information necessary for filing a complete and accurate list of all of Your creditors, by complete name and address, in the form for a matrix required by the Bankruptcy Court, a schedule of Your executory contracts and unexpired leases, the statement of Your financial affairs, and

Paul Allman
Page 2
April 19, 2024

the statement of Your current income and expenses. You acknowledge that bankruptcy forms are required to be completed with the foregoing information, and further acknowledge that to the extent that the Firm has to redraft or assign its personnel to complete these forms for You, the fees for the Firm's services will be substantially increased beyond the initial Retainer amount.

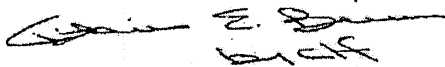
You acknowledge that Subchapter V Debtors are required to deposit \$1,000.00 with counsel when the case is filed, to be applied toward the fees of the Subchapter V Trustee appointed to the case, and that all fees of the Subchapter V Trustee will need to be paid in the case.

Representation pursuant to this agreement does not include representation in the following matters, which are hereby expressly excluded. In the event that You desire the Firm to represent You in the following matters, should they arise, a separate written retainer agreement will be necessary.

1. Adversary proceedings;
2. Appeals;
3. Matters involving material facts not disclosed at the time of this Retainer Agreement; and
4. Any other matters or litigation not described herein.

Yours Very Truly,

BARTON BRIMM, PA



Christine E. Brimm

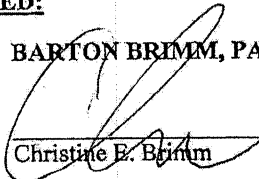
RETAINER AGREEMENT AGREED AND ACCEPTED:

BARTON BRIMM, PA



Paul Allman

4/19/24
Date



Christine E. Brimm

Date